

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: MT
APPLICATION YEAR: 2011

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FORM 2
MCH BUDGET DETAILS FOR FY 2011

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: MT

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 2,435,138

A.Preventive and primary care for children:

\$ 809,683 (33.25%)

B.Children with special health care needs:

\$ 838,666 (34.44%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 231,409 (9.5%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 2,358,969

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 3,777,376

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 1,046,041

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 485,480

\$ 7,182,386

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 9,617,524

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 93,713

c. CISS: \$ 132,000

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 130,000

g. WIC: \$ 17,012,511

h. AIDS: \$ 1,260,714

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

Immunization \$ 741,049

PHBG FP \$ 126,000

Title X FP \$ 2,474,866

UNHBS \$ 299,000

WIC Farmers Market \$ 57,353

WIC Peer Counseling \$ 203,849

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 22,531,055

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 32,148,579

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: MT

	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 2,547,932	\$ 2,462,222	\$ 2,462,222	\$ 2,462,574	\$ 2,462,222	\$ 2,425,697
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 1,085,637	\$ 1,417,903	\$ 1,440,467	\$ 1,416,911	\$ 2,173,902	\$ 2,187,215
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 3,598,977	\$ 3,500,746	\$ 3,165,000	\$ 3,165,000	\$ 3,500,746	\$ 4,023,263
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 791,235	\$ 784,410	\$ 743,094	\$ 802,600	\$ 914,508	\$ 1,094,360
7. Subtotal	\$ 8,023,781	\$ 8,165,281	\$ 7,810,783	\$ 7,847,085	\$ 9,051,378	\$ 9,730,535
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 18,334,262	\$ 18,460,903	\$ 19,458,492	\$ 18,952,719	\$ 19,104,399	\$ 19,104,399
9. Total <i>(Line11, Form 2)</i>	\$ 26,358,043	\$ 26,626,184	\$ 27,269,275	\$ 26,799,804	\$ 28,155,777	\$ 28,834,934
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: MT

	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 2,462,222	\$ 2,434,812	\$ 2,435,138	\$	\$ 2,435,138	\$
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
3. State Funds <i>(Line3, Form 2)</i>	\$ 2,352,266	\$ 2,475,255	\$ 2,135,677	\$	\$ 2,358,969	\$
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 3,510,000	\$ 4,126,402	\$ 3,590,998	\$	\$ 3,777,376	\$
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
6. Program Income <i>(Line6, Form 2)</i>	\$ 1,025,000	\$ 1,114,333	\$ 1,114,333	\$	\$ 1,046,041	\$
7. Subtotal	\$ 9,349,488	\$ 10,150,802	\$ 9,276,146	\$ 0	\$ 9,617,524	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 20,268,575	\$ 20,268,575	\$ 20,406,359	\$	\$ 22,531,055	\$
9. Total <i>(Line11, Form 2)</i>	\$ 29,618,063	\$ 30,419,377	\$ 29,682,505	\$ 0	\$ 32,148,579	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2009
Field Note:
This is the amount that was reported to the State office by the local Counties for the amount that they expended on MCH services.
2. **Section Number:** Form3_Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2008
Field Note:
This is the amount that the Counties have reported to the State Agency that they have expended on their attachment B report, submitted on 8/15/2008. CK
3. **Section Number:** Form3_Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2008
Field Note:
This is the actual amount that our programs have brought in as revenue. Clinic billing direct pay differ from year to year and we never know truly until the end of the year how much we will be bringing in. CK

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: MT

	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,367,965	\$ 1,500,301	\$ 1,537,288	\$ 1,327,766	\$ 1,591,077	\$ 1,319,768
b. Infants < 1 year old	\$ 1,106,576	\$ 1,016,295	\$ 925,273	\$ 1,178,535	\$ 984,849	\$ 1,293,548
c. Children 1 to 22 years old	\$ 2,611,937	\$ 2,860,912	\$ 2,625,473	\$ 2,439,391	\$ 2,977,695	\$ 2,994,017
d. Children with Special Healthcare Needs	\$ 1,440,881	\$ 1,341,097	\$ 1,438,666	\$ 1,464,925	\$ 1,669,674	\$ 1,974,609
e. Others	\$ 1,066,295	\$ 1,129,379	\$ 890,000	\$ 1,126,823	\$ 1,415,425	\$ 1,742,506
f. Administration	\$ 430,127	\$ 317,297	\$ 394,083	\$ 309,645	\$ 412,658	\$ 406,087
g. SUBTOTAL	\$ 8,023,781	\$ 8,165,281	\$ 7,810,783	\$ 7,847,085	\$ 9,051,378	\$ 9,730,535
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 1,000,000		\$ 100,000		\$ 94,644	
c. CISS	\$ 0		\$ 140,000		\$ 140,000	
d. Abstinence Education	\$ 9,650		\$ 172,303		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 139,815		\$ 115,000		\$ 115,000	
g. WIC	\$ 13,500,000		\$ 14,328,139		\$ 13,737,408	
h. AIDS	\$ 1,195,640		\$ 1,195,640		\$ 2,058,980	
i. CDC	\$ 0		\$ 150,000		\$ 150,000	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
P H Block Grant	\$ 0		\$ 0		\$ 140,434	
Title X FP	\$ 1,959,897		\$ 2,269,623		\$ 2,210,580	
WIC Farmers Market	\$ 0		\$ 57,353		\$ 57,353	
Youth Suicide Prev	\$ 0		\$ 0		\$ 400,000	
FASD Prevention	\$ 0		\$ 325,000		\$ 0	
HRSA Oral Health	\$ 0		\$ 65,000		\$ 0	
PH Block Grant	\$ 0		\$ 140,434		\$ 0	
Youth Suicide Prev	\$ 0		\$ 400,000		\$ 0	
Early Child	\$ 50,000		\$ 0		\$ 0	
FA Spec Dis	\$ 100,000		\$ 0		\$ 0	
FAS PRV	\$ 7,000		\$ 0		\$ 0	
Oral Health	\$ 70,000		\$ 0		\$ 0	
PHBG	\$ 152,260		\$ 0		\$ 0	
UNB	\$ 150,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 18,334,262		\$ 19,458,492		\$ 19,104,399	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: MT

	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,541,815	\$ 1,344,686	\$ 1,292,312		\$ 1,595,215	
b. Infants < 1 year old	\$ 1,306,267	\$ 1,315,972	\$ 1,220,309		\$ 1,255,402	
c. Children 1 to 22 years old	\$ 2,635,260	\$ 3,262,516	\$ 2,738,309		\$ 2,717,490	
d. Children with Special Healthcare Needs	\$ 1,772,162	\$ 1,977,028	\$ 1,798,893		\$ 1,820,878	
e. Others	\$ 1,730,137	\$ 1,692,901	\$ 1,809,727		\$ 1,798,819	
f. Administration	\$ 363,847	\$ 557,699	\$ 416,596		\$ 429,720	
g. SUBTOTAL	\$ 9,349,488	\$ 10,150,802	\$ 9,276,146	\$ 0	\$ 9,617,524	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 94,644		\$ 94,644		\$ 93,713	
c. CISS	\$ 140,000		\$ 105,000		\$ 132,000	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 115,000		\$ 130,000		\$ 130,000	
g. WIC	\$ 14,744,600		\$ 15,035,980		\$ 17,012,511	
h. AIDS	\$ 2,080,980		\$ 1,367,835		\$ 1,260,714	
i. CDC	\$ 100,000		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Immunization	\$ 0		\$ 0		\$ 741,049	
PHBG FP	\$ 0		\$ 140,434		\$ 126,000	
Title X FP	\$ 2,189,500		\$ 2,406,547		\$ 2,474,866	
UNHBS	\$ 0		\$ 299,000		\$ 299,000	
WIC Farmers Market	\$ 57,353		\$ 57,353		\$ 57,353	
WIC Peer Counseling	\$ 56,064		\$ 0		\$ 203,849	
Immunization	\$ 0		\$ 715,645		\$ 0	
WIC peer counseling	\$ 0		\$ 53,921		\$ 0	
NBHS	\$ 150,000		\$ 0		\$ 0	
PHB FP	\$ 140,434		\$ 0		\$ 0	
Youth Suicide Prev	\$ 400,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 20,268,575		\$ 20,406,359		\$ 22,531,055	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

- 1. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2009
Field Note:
The expended amount is the amount that was reported by the local Counties that they expended on pregnant women based on the amount that were served
- 2. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2008
Field Note:
This is the amount that the counties have reported to the state for how much they expended on services for pregnant women for FY 2008. These amounts are submitted on the attachment B provided by the locals. CK
- 3. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2008
Field Note:
This is the total amount that the Counties reported to the State of what they expended on services for infants. These amounts are provided on attachment B. CK
- 4. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2009
Field Note:
This was the amount that was reported by the local Counties for how much was expended on Children 1 to 22.
- 5. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNEExpended
Row Name: CSHCN
Column Name: Expended
Year: 2009
Field Note:
This was the amount that was reported by the local Counties based on how many CSHC children that they provided services to.
- 6. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNEExpended
Row Name: CSHCN
Column Name: Expended
Year: 2008
Field Note:
This is the total amount that the Counties reported to the State of what they expended on services for CSHS. These amounts are provided on attachment B. CK
- 7. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2008
Field Note:
This is the amount that the Counties have reported to the State for service expenses for women of child bearing age and all other categories. These amounts are provided on attachment B. CK
- 8. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2009
Field Note:
The amount that was expended on Admin. costs is the amount that was reported by the local Counties that they expended on Admin costs. This amount is higher based on case load.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: MT

TYPE OF SERVICE	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 3,372,749	\$ 3,298,682	\$ 2,800,466	\$ 2,881,625	\$ 3,455,135	\$ 4,037,330
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 2,356,502	\$ 2,132,882	\$ 2,165,613	\$ 2,138,691	\$ 2,479,255	\$ 2,441,094
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 966,310	\$ 1,394,215	\$ 1,675,850	\$ 1,768,019	\$ 1,911,327	\$ 2,141,899
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 1,328,220	\$ 1,339,502	\$ 1,168,854	\$ 1,058,750	\$ 1,205,661	\$ 1,110,212
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 8,023,781	\$ 8,165,281	\$ 7,810,783	\$ 7,847,085	\$ 9,051,378	\$ 9,730,535

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: MT

TYPE OF SERVICE	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 3,710,888	\$ 4,370,506	\$ 3,988,114	\$	\$ 4,004,151	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 2,523,031	\$ 2,353,774	\$ 2,011,403	\$	\$ 2,304,937	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 2,043,517	\$ 2,164,900	\$ 2,034,981	\$	\$ 1,994,812	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 1,072,052	\$ 1,261,622	\$ 1,241,648	\$	\$ 1,313,624	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 9,349,488	\$ 10,150,802	\$ 9,276,146	\$ 0	\$ 9,617,524	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2009
Field Note:
This is the amount that was reported to the State office from the local Counties as the amount they expended on Direct Health Care Services that were MCH related.
2. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2008
Field Note:
This is the actual amount that was reported to the State by the Counties. More money was spent on Direct Services than anticipated. These amounts are provided on attachment B. CK
3. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2008
Field Note:
This is the actual amount that was reported to the State from the Counties. More money was expended on Population based services than anticipated. These amounts are provided on attachment B. CK
4. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2009
Field Note:
This is the amount that the local Counties reported to the State office as to how much they expended on Infrastructure Building Services that were MCH related.

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: MT

Total Births by Occurrence: 12,204

Reporting Year: 2009

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	12,078	99	2	0	0	
Congenital Hypothyroidism	12,078	99	7	5	5	100
Galactosemia	12,078	99	3	1	1	100
Sickle Cell Disease	12,078	99	0	0	0	
Other Screening (Specify)						
Congenital Adrenal Hyperplasia	12,078	99	2	0	0	
Cystic Fibrosis	12,078	99	5	3	3	100
Homocystinuria	12,078	99	1	0	0	
Maple Syrup Urine Disease	12,078	99	0	0	0	
Fatty Acid Oxidation Disorders	12,078	99	2	2	2	100
Tyrosinemia Type I	12,078	99	0	0	0	
Hemoglobinopathy	12,078	99	19	0	0	
Organic aciduria disorders	12,078	99	4	4	4	100

Screening Programs for Older Children & Women (Specify Tests by name)

- (1) Use occurrent births as denominator.
 (2) Report only those from resident births.
 (3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

Terminology consistent with ACMG report - Newborn Screening: Towards a Uniform Screening Panel and System. Genet Med. 2006; 8(5) Suppl: S12-S252

FIELD LEVEL NOTES

1. **Section Number:** Form6_Main
Field Name: BirthOccurence
Row Name: Total Births By Occurence
Column Name: Total Births By Occurence
Year: 2011
Field Note:
12204 is the final number of births reported in Montana in 2009.
2. **Section Number:** Form6_Main
Field Name: SickCellDisease_OneScreenNo
Row Name: SickCellDisease
Column Name: Receiving at least one screen
Year: 2011
Field Note:
Abbreviations: Hemoglobinopathy (HbSS, S/βth, SC) * includes 19 carriers of abnormal Hgb traits referred for genetic services. No case of Sick Cell Anemia was identified.
3. **Section Number:** Form6_Main
Field Name: Phenylketonuria_Confirmed
Row Name: Phenylketonuria
Column Name: Confirmed Cases
Year: 2011
Field Note:
The number of confirmed cases is equal to the number of presumptive postive screens.
4. **Section Number:** Form6_Main
Field Name: Congenital_Confirmed
Row Name: Congenital
Column Name: Confirmed Cases
Year: 2011
Field Note:
The number of confirmed cases is equal to the number of presumptive postive screens.
5. **Section Number:** Form6_Main
Field Name: Galactosemia_Confirmed
Row Name: Galactosemia
Column Name: Confirmed Cases
Year: 2011
Field Note:
The number of confirmed cases is equal to the number of presumptive postive screens.
6. **Section Number:** Form6_Main
Field Name: SickCellDisease_Confirmed
Row Name: SickCellDisease
Column Name: Confirmed Cases
Year: 2011
Field Note:
Abbreviations: Hemoglobinopathy (HbSS, S/βth, SC) includes 19 carriers of abnormal Hgb traits referred for genetic services. No case of Sick Cell Anemia was identified.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: MT

Reporting Year: 2009

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	3,815	35.5	0.6	0.1	3.0	60.8
Infants < 1 year old	12,078	0.0	0.0	0.0	0.0	100.0
Children 1 to 22 years old	37,156	10.7	2.9	0.2	9.7	76.5
Children with Special Healthcare Needs	5,875	19.1	1.4	0.0	1.5	78.0
Others	28,433	12.0	0.4	0.1	0.1	87.4
TOTAL	87,357					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Form7_Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2011
Field Note:
Newborn screening program data are used to report this number.
2. **Section Number:** Form7_Main
Field Name: Children_0_1_Unknown
Row Name: Infants <1 year of age
Column Name: Unknown %
Year: 2011
Field Note:
The newborn screening program in Montana does not collect primary source of coverage at this time.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: MT

Reporting Year: 2009

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	12,551	10,496	48	1,517	108	23	229	130
Title V Served	3,764	3,120	13	292	12	5	37	285
Eligible for Title XIX	5,015	3,641	60	1,143	28	0	0	143
INFANTS								
Total Infants in State	12,773	10,608	124	1,317	98	14	612	0
Title V Served	12,451	9,070	79	1,346	55	0	279	1,622
Eligible for Title XIX	4,565	3,238	62	1,101	30	0	0	134

II. UNDUPLICATED COUNT BY ETHNICITY

HISPANIC OR LATINO (Sub-categories by country or area of origin)								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	12,121	430	0	0	0	0	0	430
Title V Served	1,570	79	2,115	0	0	0	0	79
Eligible for Title XIX	4,589	126	300	0	0	0	0	126
INFANTS								
Total Infants in State	12,210	563	0	0	0	0	0	563
Title V Served	5,209	221	7,021	0	0	0	0	221
Eligible for Title XIX	4,432	133	0	0	0	0	0	133

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_All
Row Name: Total Deliveries in State
Column Name: Total All Races
Year: 2011
Field Note:
The data are from 2008. 2009 data were not available at the time of grant submittal.
2. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2011
Field Note:
The data are from 2008. 2009 data were not available at the time of grant submittal.
3. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2011
Field Note:
The data are from 2008. 2009 data were not available at the time of grant submittal.
4. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTotal_All
Row Name: Total Infants in State
Column Name: Total All Races
Year: 2011
Field Note:
The data are from 2008. 2009 data were not available at the time of grant submittal.
5. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2011
Field Note:
The data are from 2008. 2009 data were not available at the time of grant submittal.
6. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2011
Field Note:
The data are from 2008. 2009 data were not available at the time of grant submittal.
7. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_TotalNotHispanic
Row Name: Total Deliveries in State
Column Name: Total Not Hispanic or Latino
Year: 2011
Field Note:
The data are from 2008. 2009 data were not available at the time of grant submittal.
8. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2011
Field Note:
The data are from 2008. 2009 data were not available at the time of grant submittal.
9. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2011
Field Note:
The data are from 2008. 2009 data were not available at the time of grant submittal.
10. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_TotalNotHispanic
Row Name: Total Infants in State
Column Name: Total Not Hispanic or Latino
Year: 2011
Field Note:
The data are from 2008. 2009 data were not available at the time of grant submittal.
11. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2011
Field Note:
The data are from 2008. 2009 data were not available at the time of grant submittal.
12. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX

Column Name: Total Not Hispanic or Latino

Year: 2011

Field Note:

The data are from 2008. 2009 data were not available at the time of grant submittal.

13. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_TotalHispanic

Row Name: Eligible for Title XIX

Column Name: Total Hispanic or Latino

Year: 2011

Field Note:

Data entered as provided by MT Medicaid Query Path.

14. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_NotReported

Row Name: Eligible for Title XIX

Column Name: Ethnicity Not Reported

Year: 2011

Field Note:

Data entered as provided by MT Medicaid Query Path.

15. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_Mexican

Row Name: Eligible for Title XIX

Column Name: Mexican

Year: 2011

Field Note:

Data entered as provided by MT Medicaid Query Path.

16. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_Cuban

Row Name: Eligible for Title XIX

Column Name: Cuban

Year: 2011

Field Note:

Data entered as provided by MT Medicaid Query Path.

17. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_PuertoRican

Row Name: Eligible for Title XIX

Column Name: Puerto Rican

Year: 2011

Field Note:

Data entered as provided by MT Medicaid Query Path.

18. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_CentralAmerican

Row Name: Eligible for Title XIX

Column Name: Central and South American

Year: 2011

Field Note:

Data entered as provided by MT Medicaid Query Path.

19. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_EthnicityOther

Row Name: Eligible for Title XIX

Column Name: Other and Unknown

Year: 2011

Field Note:

Data entered as provided by MT Medicaid Query Path.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: MT

	FY 2011	FY 2010	FY 2009	FY 2008	FY 2007
1. State MCH Toll-Free "Hotline" Telephone Number	_____	_____	_____	_____	_____
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"	_____	_____	_____	_____	_____
4. Contact Person's Telephone Number	_____	_____	_____	_____	_____
5. Contact Person's Email	_____	_____	_____	_____	_____
6. Number of calls received on the State MCH "Hotline" this reporting period	_____ 0	_____ 0	_____ 0	_____ 0	_____ 0

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: MT

	FY 2011	FY 2010	FY 2009	FY 2008	FY 2007
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(887)543-7669</u>	<u>(887) 543-7669</u>	<u>(887) 543-7669</u>	<u>(877) 543-7669</u>	<u>8,875,437,669</u>
2. State MCH Toll-Free "Hotline" Name	Family Health Line	Family Health Line	Family Health Line	Family Health Line	Family Health Line
3. Name of Contact Person for State MCH "Hotline"	<u>Toni Simon</u>	<u>Jackie Forba</u>	<u>Jackie Forba</u>	<u>Jackie Forba</u>	<u>Jackie Forba</u>
4. Contact Person's Telephone Number	<u>(406)444-5851</u>	<u>(406) 444-5288</u>	<u>(406) 444-5288</u>	<u>(406) 444-5288</u>	<u>4,064,445,288</u>
5. Contact Person's Email	<u>tsimon@mt.gov</u>	<u>jforba@mt.gov</u>			
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>24,558</u>	<u>21,517</u>	<u>21,022</u>

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2011
[SEC. 506(A)(1)]
STATE: MT

1. State MCH Administration:
(max 2500 characters)

The Family and Community Health Bureau (FCHB), housed within the Public Health and Safety Division of the Department of Public Health and Human Services, is the administrative entity for Title V services in Montana. The Title V funding is allocated to several FCHB Sections, including the Maternal and Child Health Coordination Section; Children's Special Health Services; and Women's and Men's Health Section. Title V funding is also allocated to participating local public health departments. For FY 2011, 55 of the 56 local public health departments have completed the pre-contract survey for Title V funding.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 2,435,138
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 2,358,969
5. Local MCH Funds (Line 4, Form 2)	\$ 3,777,376
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 1,046,041
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 9,617,524

9. Most significant providers receiving MCH funds:

Local city-county health departments
Regional CYSHCN speciality clinics

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	3,815
b. Infants < 1 year old	12,078
c. Children 1 to 22 years old	37,156
d. CSHCN	5,875
e. Others	28,433

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Direct medical care includes payments for services for children and youth with special health care needs who are not covered by other means, regional specialty clinics, and limited direct pay of services at a local contract level. Enabling services include public health home visiting service for high risk pregnant women and infants through county and tribal contract agencies.

b. Population-Based Services:
(max 2500 characters)

Population based services include newborn metabolic and hearing screening, and public health education efforts including those aimed at increasing the number of providers aware of oral health precursors, how to decrease the incidence of unintended pregnancies, improving pregnancy outcomes, and increasing breastfeeding rates.

c. Infrastructure Building Services:
(max 2500 characters)

State level infrastructure is diversified within the Family and Community Health Bureau (FCHB). The FCHB has contracts with city-county health departments, for providing maternal child health services. These contracts account for approximately 42% of the state's total Maternal Child Health Block Grant Award.

12. The primary Title V Program contact person:

Name	Ann Buss
Title	MCH Block Grant Director
Address	1400 East Broadway, A-116
City	Helena
State	MT
Zip	59620
Phone	406-444-4119
Fax	406-444-2606
Email	abuss@mt.gov

13. The children with special health care needs (CSHCN) contact person:

Name	Denise Brunett
Title	CSHS Supervisor
Address	1400 East Broadway, A-116
City	Helena
State	MT
Zip	59620
Phone	406-444-3617
Fax	406-444-2750
Email	dbrunett@mt.gov

Web

Web

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: MT

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	2	7	9	17	15
Denominator	2	7	9	17	15
Data Source				MT newborn screening and follow-up program	MT newborn screening and follow-up program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2009

Field Note:

Fewer cases were confirmed and received timely follow-up compared to the previous year based on the mandatory hospital-based screening of newborns for 28 genetic conditions.

2. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2008

Field Note:

2008 was the first year Montana had mandatory hospital-based screening of newborns for 28 genetic conditions. This performance measures includes the results and follow-up for those tests. The increase in the number of conditions is due to the increase in the number and types of tests conducted.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	55	55.3	55.6	56.5	56.5
Annual Indicator	54.0	54.0	56.5	56.5	56.5
Numerator	188	188			
Denominator	348	348			
Data Source				CSHCN Survey	CSHCN Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	56.5	56.5	56.5	56.5	56.5
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2009**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

2. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

3. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	60.2	52.6	52.6	50	50
Annual Indicator	51.7	51.7	45.9	45.9	45.9
Numerator	361	361			
Denominator	698	698			
Data Source				CSHCN Survey	CSHCN Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	50	50	50	50	50
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2009

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

2. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

3. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	78.5	50.4	50.5	55.2	55.2
Annual Indicator	48.8	48.8	55.2	55.2	55.2
Numerator	350	350			
Denominator	717	717			
Data Source				CSHCN Survey	CSHCN Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	55.2	55.2	57	58.5	58.5
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2009

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

2. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

3. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>72.4</u>	<u>72.6</u>	<u>72.8</u>	<u>88.6</u>	<u>88.6</u>
Annual Indicator	<u>71.6</u>	<u>71.6</u>	<u>88.6</u>	<u>88.6</u>	<u>88.6</u>
Numerator	<u>250</u>	<u>250</u>			
Denominator	<u>349</u>	<u>349</u>			
Data Source				CSHCN Survey	CSHCN Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>88.6</u>	<u>88.6</u>	<u>90</u>	<u>90</u>	<u>90</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2009**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

2. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

3. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	6	6	6.5	46.5	46.5
Annual Indicator	5.4	5.4	46.2	46.2	46.2
Numerator	8	8			
Denominator	147	147			
Data Source				CSHCN Survey	CSHCN Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	46.5	46.5	47.5	47.5	47.5
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2009**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

2. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

3. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	91	80	80	80	80
Annual Indicator	79.6	73.6	75	65.5	53.4
Numerator	12,952	12,231			
Denominator	16,271	16,618			
Data Source				National Immunization Survey	National Immunization Survey
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p>(Explain data in a year note. See Guidance, Appendix IX.)</p>					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	70	70	70	70	70
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2009**Field Note:**

The source of data is the National Immunization Survey (NIS), July 2008-June 2009 Table Data (http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_0809.htm). The data for 2009 are not yet final. Please note that the 95% confidence interval for this indicator is +/- 7.0.

2. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

The source of data is the National Immunization Survey (NIS), July 2007-June 2008 Table Data (http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_0708.htm). The data for 2008 are not yet final. Please note that the 95% confidence interval for this indicator is +/- 6.7.

3. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2007**Field Note:**

The source of data is the National Immunization Survey (NIS), 2007 data (http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_2007.htm). Please note that the 95% confidence interval for this indicator is +/- 6.2. A numerator and denominator were not readily available for this data, therefore none are included. These data were updated with final 2007 data for the July 15, 2009 submission.

A survey of providers indicates that the average vaccination rate among children who are able to access a provider is 81.2%. This rate includes Varicella as one of the antigens. The series evaluated in the 2007 provider survey was 4DTaP: 3Polio: 1MMR: 3Hib: 3HepB: 1Varicella. Using a census estimate of 11430 two year olds in the state, this survey would indicate that 9,281 children who were seen by providers had completed their immunizations by the end of their second year.

An electronic immunization registry was established in Montana several years ago. Participation in the registry has been gradually increasing since its inception. Until the statewide registry is more complete, Montana will continue to use the NIS as the source of data. According to the NIS survey, 65.3% (+/- 6.9) of two year olds had completed the series of 4DTaP: 3Polio: 1MMR: 3Hib: 3HepB: 1Varicella. Using the same census estimate, this would indicate 7,795 children were up to date by the end of their second year. The NIS survey includes children who may not have a medical home.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	15	9.6	17	16	16
Annual Indicator	17.0	17.6	16.8	18.6	18.6
Numerator	349	359	343	367	367
Denominator	20,551	20,424	20,388	19,782	19,782
Data Source				Live birth records, MT Office of Vital Statistics	Live birth records, MT Office of Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	17	17	16	16	16
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2009

Field Note:

The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected to be available later in 2010.

2. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2008

Field Note:

The numerator is the number of live births reported to the Montana Office of Vital Statistics for 15-17 year old female Montana residents in 2008. The denominator is the latest mid-year population estimate (May 2009 release) for females ages 15-17 in Montana in 2008.

3. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2007

Field Note:

The 2007 data were updated for the July 15, 2009 MCHBG submission with final vital statistics data and the updated (as of May 2009) census estimates. The numerator is births that occurred to MT residents 15-17 years of age in 2007. The denominator is the mid-year census estimate of females 15-17 years old in Montana (May 2009 release).

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	40	40	40	46	46
Annual Indicator	33.2	45.9	45.9	45.9	45.9
Numerator	3,413	4,693	4,693	4,805	4,773
Denominator	10,295	10,225	10,225	10,468	10,398
Data Source				05 06 Statewide OH Study, OPI 3rd Grade Enrollment	05 06 Statewide OH Study, OPI 3rd Grade Enrollment
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	46	46	46	46	46
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2009**Field Note:**

Numerator data are from a 2005-2006 school year oral health survey of third graders. The numerator was estimated using a weighted percent of 3rd graders who have received sealants. Denominator data are the number of 3rd graders enrolled in public schools for the 2008-2009 school year from the Montana Office of Public Instruction.

2. **Section Number:** Form11_Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

Numerator data are from a 2005-2006 school year oral health survey of third graders. The numerator was estimated using a weighted percent of 3rd graders who have received sealants. Denominator data are the number of 3rd graders enrolled in public schools for the 2006-2007 school year, from the Montana Office of Public Instruction.

3. **Section Number:** Form11_Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator data are from a 2005-2006 school year oral health survey of third graders. The numerator was estimated using a weighted percent of 3rd graders who have received sealants. Denominator data are the number of 3rd graders enrolled in public schools for the 2005-2006 school year, from the Montana Office of Public Instruction.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	4.5	4.4	4.3	4	6
Annual Indicator	6.2	6.2	5.6	6.2	6.2
Numerator	11	11	10	11	11
Denominator	177,051	177,559	177,577	178,508	178,508
Data Source				MT Office of Vital Statistics and census estimates	MT Office of Vital Statistics and census estimates
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	6	6	6	5	5
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2009

Field Note:

The data are from 2008. 2009 data were not available at the time of grant submittal.

2. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2008

Field Note:

Denominator data are from the updated July 1, 2008 census estimates for the population of 0-14 year olds in Montana (May 2009 release). Numerator data are the number of deaths to Montana residents 14 and under due to motor vehicle crashes, as reported to the Montana Office of Vital Statistics. Due to the small number of events, these data are reported as a 3-year moving average (as of the 2006 data).

3. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2007

Field Note:

Denominator data are from the updated July 1, 2007 census estimates for the population of 0-14 year olds in Montana (May 2009 release). Numerator data are from final vital statistics data for 2007 (updated for the July 15, 2009 submission) and include deaths to resident 0-14 year olds that occurred in Montana and elsewhere and were reported to the MT Office of Vital Statistics. Due to the small number of events, these data are reported as a 3-year moving average (as of the 2006 data).

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective		26	29	54	54
Annual Indicator	25.9	49.3	52.1	52.9	56.8
Numerator	3,184				
Denominator	12,283				
Data Source				National Immunization Survey	National Immunization Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	57	57	57	58	58
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2009

Field Note:

The data reported for 2009 are National Immunization Survey data for children born in 2006. The data are not yet final. The confidence interval for this indicator is +/- 7.6.

2. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2008

Field Note:

The data reported for 2008 are National Immunization Survey data for children born in 2005. The data are final. The confidence interval for this indicator is +/- 6.1.

3. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2007

Field Note:

The data source for this measure is the National Immunization Survey (NIS). The breastfeeding results are reported by year of the infant's birth. In this case, the data are for infants born in 2004. The confidence interval for this indicator is +/-5.9. In previous years WIC data were used to report on this measure, but the NIS were considered a better source of population-level data. The 2006 indicator was updated with final NIS data for the July 15, 2009 submission. The objective for 2007 was set based on WIC data, not NIS data, and so is not a good match with the indicator.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	98	92	92	94	94
Annual Indicator	87.9	90.0	93.1	93.0	93.9
Numerator	10,157	11,107	11,403	11,669	11,463
Denominator	11,551	12,339	12,249	12,551	12,204
Data Source				MT newborn hearing screening system, Hi-Track	MT newborn hearing screening system, Hi-Track
Do not report the numerator because there were fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
If you cannot report the data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	94	94	95	95	95
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2009**Field Note:**

The numerator data source for this measure is Hi-Track. The numerator includes hearing screenings for infants born to Montana residents in Montana. The denominator is from the Montana Office of Vital Statistics and includes births to Montana residents that occurred in Montana in 2009. It does not include births to Montana residents that occurred out of state.

2. Section Number: Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

The numerator data source for this measure is Hi-Track. The numerator includes hearing screenings for infants born to Montana residents in Montana. The denominator is from the Montana Office of Vital Statistics and includes births to Montana residents that occurred in Montana in 2008. It does not include births to Montana residents that occurred out of state. 12,178 (97%) of Montana's calendar year 2008 birth cohort were born in hospitals, approximately 2.5% were born with professional attendants, and .5% were born at home without professional attendants. Of those born in hospitals, 96% were screened prior to hospital discharge.

3. Section Number: Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

The numerator data source for this is Hi-Track. The numerator includes hearing screenings for infants born to Montana residents in Montana. The denominator is from vital stats and includes births to Montana residents that occurred in Montana in 2007. It does not include births to Montana residents that occurred out of state.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	9	16	16	14	13
Annual Indicator	17.0	16.2	14.8	14.2	11.9
Numerator	38,755	37,000	35,686	34,417	28,863
Denominator	227,972	228,000	241,206	242,716	241,672
Data Source				US Census CPS Table Creator II	US Census CPS Table Creator II
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	11	11	11	10	10
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2009**Field Note:**

The data source for this is the US Census CPS Table Creator II. The CPS data were collected in 2009 for health insurance coverage in 2008. The numbers reflect the estimated percent of children under 19 years of age who were not covered by public or private health insurance.

2. Section Number: Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data source for this is the US Census CPS Table Creator II. The CPS data were collected in 2008 for health insurance coverage in 2007. The numbers reflect the estimated percent of children under 19 years of age who were not covered by public or private health insurance.

3. Section Number: Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data source for this is the US Census CPS Table Creator II. The CPS data were collected in 2007 for health insurance coverage in 2006. The numbers reflect the estimated percent of children under 19 years of age who were not covered by public or private health insurance.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	25	30	30	29	
Annual Indicator	26.6	32.5	33.6	33.7	33.3
Numerator	3,447	3,629	3,706	3,876	3,957
Denominator	12,936	11,169	11,029	11,492	11,878
Data Source				WIC Program Enrollment	WIC Program Enrollment
Do not report the numerator because there were fewer than 5 events over the last year, and the number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>31</u>	<u>31</u>	<u>31</u>	<u>31</u>	<u>31</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2009

Field Note:

The source is from the MT State WIC Program. Data are for FFY 2009.

2. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2008

Field Note:

The reported denominator and numerator includes all children ages 2-5 enrolled in WIC during '08 starting 01/01/08 and ending 12/31/08. The numerator reflects all children with risk codes 16 and 17.

Although there was a fairly large increase in the percent of children ages 2 to 5 years receiving WIC services with BMI at or above 85th percentile from 2005 to 2006, since then there have been smaller but steady percentage increase reported by the WIC Program. The large change from 2005 to 2006 could be related to changes in the way the data are collected.

3. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2007

Field Note:

The reported denominator and numerator includes all children ages 2-5 enrolled in WIC during '07 starting 01/01/07 and ending 12/31/07. The numerator reflects all children with risk codes 16 and 17.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		15	15	14	14
Annual Indicator	15.9	15.9	15.9	15.0	15.0
Numerator	1,668	1,668	1,668	1,893	1,893
Denominator	10,509	10,509	10,509	12,595	12,595
Data Source				Live birth data, MT Office of Vital Statistics	Live birth data, MT Office of Vital Statistics
Do not report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	14	13	13	13	13
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2009

Field Note:

The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected to be available later in 2010.

2. **Section Number:** Form11_Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2008

Field Note:

These data are collected and reported by trimester of pregnancy, not month of pregnancy. 2008 is the first year smoking status has been available from the birth record by time period of pregnancy. The numerator and denominator include births to Montana residents that were reported to the Montana Office of Vital Statistics. This number is believed to be an under-report of the actual number of women smoking during the last trimester.

3. **Section Number:** Form11_Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2007

Field Note:

The numerator and denominator are from the 2002 PRAMS data collected from mothers in a Point-In-Time (PIT) state sample. This is the only source of population-level data available on maternal smoking during the last three months of pregnancy. Vital statistics currently does not collect data on maternal cigarette smoking by gestational age.

A new birth certificate will be implemented in 2008 and will include a question on smoking prior to pregnancy and by trimesters of pregnancy. This is expected to provide a new source of data for this performance measure as of the 2010 MCHBG application.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	10	10	10	9	9
Annual Indicator	26.4	19.2	16.3	11.9	11.9
Numerator	18	13	11	8	8
Denominator	68,097	67,811	67,574	67,074	67,074
Data Source				MT Office of Vital Statistics and census estimates	MT Office of Vital Statistics and census estimates
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	11	11	10	10	10
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2009

Field Note:

The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected to be available later in 2010.

2. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2008

Field Note:

The numerator include deaths to Montana residents that were reported to the Montana Office of Vital Statistics. The denominator data is from 2008 census estimates for the population of 15-19 year olds in the state (May 2009 version). As of the 2006 data, the data for this performance measure are reported as a moving average due to the small number of events.

3. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2007

Field Note:

Death records from the Montana Office of Vital Statistics are the source of the numerator data. 2007 vital statistics data were finalized for the July 2009 submission and include suicide deaths to MT residents, regardless of place of occurrence. Denominator data are from the 2007 census estimates for the population of 15-19 year olds in the state (May 2009 estimates). As of the 2006 data, the data for this performance measure are reported as a moving average due to the small number of events.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	90	91	91	91	91
Annual Indicator	78.2	81.8	86.8	73.0	73.0
Numerator	97	126	138	108	108
Denominator	124	154	159	148	148
Data Source				Live birth records, MT Office of Vital Statistics	Live birth records, MT Office of Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	75	75	76	76	77
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #17

Field Name: PM17**Row Name:****Column Name:****Year:** 2009**Field Note:**

The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected to be available later in 2010.

2. **Section Number:** Form11_Performance Measure #17

Field Name: PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data source for this measure is live birth records from the Montana Office of Vital Statistics. In 2008, Montana had three level 3 facilities (facilities for high-risk deliveries). The numerator and denominator include births that occurred in Montana, regardless of the mother's place of residence.

3. **Section Number:** Form11_Performance Measure #17

Field Name: PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data source for this performance measure is the MT Office of Vital Statistics. In 2007, Montana had three level 3 facilities (facilities for high-risk deliveries and neonates). The numerator and denominator include infants born in Montana, regardless of the mother's place of residence.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	86	85.4	85.9	84.5	73
Annual Indicator	83.1	82.4	82.1	71.3	71.3
Numerator	9,616	10,302	10,213	8,982	8,982
Denominator	11,573	12,499	12,437	12,595	12,595
Data Source				Live birth records, MT Office of Vital Statistics	Live birth records, MT Office of Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	74	75	75	75	75
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #18

Field Name: PM18**Row Name:****Column Name:****Year:** 2009**Field Note:**

The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected to be available later in 2010.

2. **Section Number:** Form11_Performance Measure #18

Field Name: PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data for this measure should not be compared to previous years. The data source for this measure is the Montana Office of Vital Statistics and includes births to MT residents reported to the MT Office of Vital Statistics. The decrease in the timing when prenatal care relates to changes in the way the data are collected on the new birth record format implemented in 2008. Also, 6% of records reported "unknown" timing of prenatal care initiation, a large increase from the approximately 2% unknown reported in previous years.

3. **Section Number:** Form11_Performance Measure #18

Field Name: PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data source for this performance measure is the Office of Vital Statistics, Montana DPHHS. Data reflect births to Montana residents, and were updated for the July 15, 2009 grant submission.

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: MT

Form Level Notes for Form 11

None

STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR

Percent of unintended pregnancy among Title X clinic clients.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	63	62	62	61	61
Annual Indicator	64.0	64.0	71.5	56.6	56.6
Numerator	1,251	1,281	1,188	950	950
Denominator	1,955	2,002	1,661	1,677	1,677
Data Source				Women's and Men's Health Program	Women's and Men's Health Program
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	60	60	60	60	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2009
Field Note:
 The data are from 2008. 2009 data were not available at the time of grant submittal.
- Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2008
Field Note:
 The denominator is the total Title X clients receiving a positive pregnancy test. The numerator is the total of these clients with unintended pregnancies.
- Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2007
Field Note:
 The denominator is total Title X clients receiving a positive pregnancy test. The numerator is the total of these clients with unintended pregnancies.

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR

Percent of women who abstain from alcohol use in pregnancy.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	98	98.3	98.5	98	98
Annual Indicator	97.0	96.8	97.2	97.3	97.3
Numerator	11,122	11,988	11,939	12,109	12,109
Denominator	11,468	12,388	12,287	12,446	12,446
Data Source				MT Office of Vital Statistics	MT Office of Vital Statistics
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	98	98	98	99	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2009**Field Note:**

The data are from 2008. 2009 data were not available at the time of grant submittal.

2. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data source for this measure is live birth and fetal death records for events that occurred in Montana to Montana residents, as reported to the Montana Office of Vital Statistics. The numerator includes women who reported no alcohol use during pregnancy. The denominator includes all MT residents with a reported live birth or fetal death in Montana in 2008. Vital records data on alcohol use during pregnancy are based on self-report. Only events that occurred in the state to MT residents are included, as reporting of stillbirths or fetal deaths and smoking data from other states may not be consistent with Montana's pregnancy surveillance.

3. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator and denominator data are from the Montana Office of Vital Statistics. The numerator includes the number of resident women who experienced a live birth in MT in 2007 and reported not drinking alcohol during pregnancy, plus the number of resident women who experienced a fetal death in MT in 2007 and reported not drinking alcohol during pregnancy. Denominator data includes all resident women who experienced a live birth or a fetal death in MT in 2007. Vital records data on alcohol use in pregnancy is based on self-report. Only events that occurred in the state to MT residents are included, as reporting of stillbirths or fetal deaths and smoking data from other states may not be consistent with Montana's pregnancy surveillance.

STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR

Percent of state fetal/infant/child deaths reviewed for preventability by local review teams.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	95	95	96	92	88
Annual Indicator	90.2	88.7	90.2	87.2	87.2
Numerator	185	165	156	156	156
Denominator	205	186	173	179	179
Data Source				Mortality reviews and vital statistics	Mortality reviews and vital statistics
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	88	88	88	88	
Annual Indicator					
Numerator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2009**Field Note:**

The data are from 2008. 2009 data were not available at the time of grant submittal.

2. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

As of 2008, the data reported for this measure are one year behind, to allow for more complete reporting and tracking of trends. Fetal, infant, and child mortality review teams may review deaths as long as 6-12 months after the event, and in some cases completion and submission of reviews may be delayed even longer by a delayed death certificate or other circumstances related to the death. 156 FICMR reviews for 2007 had been submitted as of July of 2009. The denominator is the number of fetal, infant, and child deaths that occurred in Montana or to Montana residents in 2007 and were reported to the Montana Office of Vital Statistics. This definition of the denominator was standardized for the 2009 block grant submission; previous years do not necessarily use the same denominator. The objective was adjusted to be more appropriate for the change in data reporting.

3. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

The numerator is 2007 reviews completed as of July 2009. Although a few more reviews may be submitted for 2007, the year is nearly complete. Fetal, Infant, and Child Mortality Review teams may review deaths as long as 6-12 months after the event, and in some cases completion and submission of reviews may be delayed even longer by other circumstances relating to the death. The denominator reflects fetal, infant and child deaths (through age 17 years) that occurred in MT to MT residents, as reported to the MT Office of Vital Statistics.

STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR

Percent of Medicaid eligible children who receive dental services as part of their comprehensive services.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	23	20.4	19.5	26	27
Annual Indicator	23.3	24.5	26.0	25.6	26.9
Numerator	15,374	15,066	16,793	16,378	18,178
Denominator	66,078	61,369	64,620	64,071	67,648
Data Source				Medicaid EPSDT Form16	Medicaid EPSDT Form 16
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>28</u>	<u>29</u>	<u>30</u>	<u>31</u>	<u> </u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2009**Field Note:**

The source for this data is EPSDT, for federal fiscal year 2009.

2. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2008**Field Note:**

The source for this data is EPSDT. It is run on the FFY 2008.

An updated Medicaid data were published on March 3rd, 2009 for previous years. The released data did not reflect any changes in the numerator or denominator for FFY 2006 and FFY 2007.

3. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

The source for this data is EPSDT. It is run on the FFY 2007.

STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR

Percent of pregnant women who abstain from cigarette smoking.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	83	81.6	81.6	82	82
Annual Indicator	81.0	80.6	81.8	81.2	81.2
Numerator	9,284	9,980	10,048	10,110	10,110
Denominator	11,468	12,388	12,287	12,446	12,446
Data Source				MT Office of Vital Statistics	MT Office of Vital Statistics
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	82	82.5	82.5	83	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2009**Field Note:**

The data are from 2008. 2009 data were not available at the time of grant submittal.

2. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data source for this measure is live birth and fetal death records for events that occurred in Montana to Montana residents, as reported to the Montana Office of Vital Statistics. The numerator includes women who reported no cigarette smoking during pregnancy. The denominator includes all MT residents with a reported live birth or fetal death in Montana in 2008. Only events that occurred in the state to MT residents are included, as reporting of stillbirths or fetal deaths and smoking data from other states may not be consistent with Montana's pregnancy surveillance. Vital records data on smoking during pregnancy are based on self-report.

3. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator and denominator data are from the Montana Office of Vital Statistics. The numerator includes the number of resident women who experienced a live birth in MT in 2007 and reported not smoking during pregnancy, plus the number of resident women who experienced a fetal death in MT in 2007 and reported not smoking during pregnancy. Denominator data includes all resident women who experienced a live birth or a fetal death in MT in 2007. Only events that occurred in the state to MT residents are included, as reporting of stillbirths or fetal deaths and smoking data from other states may not be consistent with Montana's pregnancy surveillance. Vital records data on smoking in pregnancy is based on self-report.

STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR

Rate of firearm deaths among youth aged 5-19.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	7	8	8	6	4.2
Annual Indicator	8.5	6.4	5.4	4.3	4.3
Numerator	16	12	10	8	8
Denominator	189,318	188,200	186,887	185,954	185,954
Data Source				MT Office of Vital Statistics and census estimates	MT Office of Vital Statistics
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>4.2</u>	<u>4.1</u>	<u>4.1</u>	<u>4</u>	<u></u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may				
Numerator	establish objectives for those measures on Form 11 for the new needs assessment period.				
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2009**Field Note:**

The data are from 2008. 2009 data were not available at the time of grant submittal.

2. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

As of the 2005 data, this indicator is calculated using 3-year moving averages. The numerator is the average number of deaths due to a firearm for Montana resident youth ages 5 through 19 in 2006-2008. The denominator is the estimated average number of youth aged 5 through 19 years in Montana in 2006-2008, based on mid-year census estimates.

3. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

As of the 2005 data, this indicator is calculated using 3-year moving averages. The numerator is the average number of deaths due to a firearm for Montana resident youth ages 5 through 19 in 2005-2007. The denominator is the estimated average number of youth aged 5 through 19 years in Montana in 2005-2007, based on mid-year census estimates. These data were updated for the July 2009 submission.

STATE PERFORMANCE MEASURE # 8 - REPORTING YEAR

Percent of low birth weight infants among all live births.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		6	6	6	7
Annual Indicator	6.7	7.3	7.2	7.4	7.4
Numerator	772	911	895	931	931
Denominator	11,573	12,499	12,437	12,595	12,595
Data Source				MT Office of Vital Statistics	MT Office of Vital Statistics
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>7</u>	<u>6.9</u>	<u>6.9</u>	<u>6.8</u>	<u></u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2009**Field Note:**

The data are from 2008. 2009 data were not available at the time of grant submittal.

2. Section Number: Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2008**Field Note:**

The numerator includes low birth weight (<2500 grams) births to Montana residents that occurred in Montana, as reported to the Montana Office of Vital Statistics. The denominator includes the number of live births to Montana residents that occurred in Montana.

3. Section Number: Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2007**Field Note:**

The numerator includes low birth weight (<2500 grams) births to Montana residents, as reported to the Montana Office of Vital Statistics. The denominator includes the number of live births to Montana residents. The 2007 data were updated for the July 2009 submission.

STATE PERFORMANCE MEASURE # 9 - REPORTING YEAR

Percent of Montana public middle and secondary schools that include comprehensive sexuality education as part of their health curriculum.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective			63	63	70
Annual Indicator		62.6	62.6	62.6	62.6
Numerator		107	107	107	107
Denominator		171	171	171	171
Data Source				Women's and Men's Health Program	Women's and Men's Health Program
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>70</u>	<u>70</u>	<u>70</u>	<u>70</u>	<u> </u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2009**Field Note:**

The source of these data are the 2002-2003 Sex Education Telephone Questionnaire conducted by Planned Parenthood. The survey has not been repeated and no future surveys are planned at this time.

2. Section Number: Form11_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2008**Field Note:**

The source of these data are the 2002-2003 Sex Education Telephone Questionnaire conducted by Planned Parenthood. The survey has not been repeated and no future surveys are planned at this time.

3. Section Number: Form11_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2007**Field Note:**

The source of these data are the 2002-2003 Sex Education Telephone Questionnaire conducted by Planned Parenthood. The survey included only high schools, therefore middle schools are not included in this first year of data reporting, although the intent is to include them in future surveys. 20 (11.7%) of the 171 high schools did not respond to the survey.

The data used for this indicator suggest that 25% of the schools reporting comprehensive sexuality education as a part of their curriculum actually only teach about contraceptive failure rates. The definition of comprehensive sexuality education used for this performance measure will be reviewed. As a result, schools that only teach about contraceptive failure rates may not be included in the numerator in the future, which would result in a lower indicator. ahb df

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: MT

Form Level Notes for Form 12

The data are from 2008. 2009 data were not available at the time of grant submittal.

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	6	5.4	5.2	5	5.4
Annual Indicator	5.8	5.7	6.2	6.2	6.2
Numerator	66	68	76	78	78
Denominator	11,437	11,862	12,170	12,510	12,510
Data Source				MT Office of Vital Statistics	MT Office of Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	5.4	5.3	5.3	5.2	5.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2009

Field Note:

The data are from 2008. 2009 data were not available at the time of grant submittal.

2. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2008

Field Note:

The data source for this outcome measure is the Montana Office of Vital Statistics. The numerator includes the number of resident infant deaths reported to the Montana Office of Vital Statistics (OVS). The denominator is the number of live births to Montana residents reported to OVS. Due to the small number of events and the variation in rates when using single years of data, as of the 2005 data this indicator is reported as a 3 year moving average. Although not all deaths that occur to MT residents in other states are reported back to the Montana Office of Vital Statistics, resident deaths are used for this measure instead of resident, occurrent deaths because high risk pregnant women and/or infants may be transported to medical centers outside of Montana prior to or after delivery. If only occurrent deaths were counted, any deaths at medical centers outside of Montana would not be included.

3. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2007

Field Note:

The data source for this outcome measure is the Montana Office of Vital Statistics. The numerator includes the number of resident infant deaths reported to the Montana Office of Vital Statistics (OVS). The denominator is the number of live births to Montana residents reported to OVS. Due to the small number of events and the variation in rates when using single years of data, as of the 2005 data this indicator is reported as a 3 year moving average. Although not all deaths that occur to MT residents in other states are reported back to the Montana Office of Vital Statistics, resident deaths are used for this measure instead of resident, occurrent deaths because high risk pregnant women and/or infants may be transported to medical centers outside of Montana prior to or after delivery. If only occurrent deaths were counted, any deaths at medical centers outside of Montana would not be included.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	1	1	1	1	1
Annual Indicator	0.0				
Numerator	0				
Denominator	5.3				

Data Source

MT Office of Vital
Statistics

MT Office of Vital
Statistics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes

Yes

Yes

Final

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2009

Field Note:

The data are from 2008. 2009 data were not available at the time of grant submittal.

2. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2008

Field Note:

No numerator is provided for this outcome measure because the numbers are so small that a single-year black infant mortality rate and the resulting indicator do not provide a useful representation of the ratio of the black infant mortality rate to the white infant mortality rate. There are fewer than 5 events for the numerator over the past year, and the average number of events over the last three years is fewer than 5, therefore a three-year moving average cannot be applied.

3. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2007

Field Note:

No numerator is provided for this outcome measure because the numbers are so small that a single-year black infant mortality rate and the resulting indicator do not provide a useful representation of the ratio of the black infant mortality rate to the white infant mortality rate. There are fewer than 5 events for the numerator over the past year, and the average number of events over the last three years is fewer than 5, therefore a three-year moving average cannot be applied.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	3	3.1	2.9	2.8	3
Annual Indicator	3.5	3.1	3.4	3.3	3.3
Numerator	40	37	41	41	41
Denominator	11,437	11,862	12,170	12,510	12,510
Data Source				MT Office of Vital Statistics	MT Office of Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	3	2.9	2.9	2.9	2.9
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2009**Field Note:**

The data are from 2008. 2009 data were not available at the time of grant submittal.

2. Section Number: Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data source for this outcome measure is the Montana Office of Vital Statistics. The numerator includes the number of resident infant deaths at <28 days reported to the Montana Office of Vital Statistics (OVS). The denominator is the number of live births to Montana residents reported to OVS. Due to the small number of events and the variation in rates when using single years of data, as of the 2005 data this indicator is reported as a 3 year moving average. Although not all deaths that occur to MT residents in other states are reported back to the Montana Office of Vital Statistics, resident deaths are used for this measure instead of resident, occurrent deaths because high risk pregnant women and/or infants may be transported to medical centers outside of Montana prior to or after delivery. If only occurrent deaths were counted, any deaths at medical centers outside of Montana would not be included.

3. Section Number: Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data source for this outcome measure is the Montana Office of Vital Statistics. The numerator includes the number of resident infant deaths at <28 days reported to the Montana Office of Vital Statistics (OVS). The denominator is the number of live births to Montana residents reported to OVS. Due to the small number of events and the variation in rates when using single years of data, as of the 2005 data this indicator is reported as a 3 year moving average. Although not all deaths that occur to MT residents in other states are reported back to the Montana Office of Vital Statistics, resident deaths are used for this measure instead of resident, occurrent deaths because high risk pregnant women and/or infants may be transported to medical centers outside of Montana prior to or after delivery. If only occurrent deaths were counted, any deaths at medical centers outside of Montana would not be included. 2007 data were updated for the July 2009 submission.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	2	2.3	2.3	2.3	2.5
Annual Indicator	2.4	2.6	2.9	3.0	3.0
Numerator	28	31	35	37	37
Denominator	11,437	11,862	12,170	12,510	12,510
Data Source				MT Office of Vital Statistics	MT Office of Vital Statistics
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	2.5	2.5	2.4	2.4	2.4
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are				
Denominator	not required for future year data.				

Field Level Notes**1. Section Number:** Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2009

Field Note:

The data are from 2008. 2009 data were not available at the time of grant submittal.

2. Section Number: Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2008

Field Note:

The data source for this outcome measure is the Montana Office of Vital Statistics. The numerator includes the number of resident infant deaths at 28 through 364 days of age reported to the Montana Office of Vital Statistics (OVS). The denominator is the number of live births to Montana residents reported to OVS. Due to the small number of events and the variation in rates when using single years of data, as of the 2005 data this indicator is reported as a 3 year moving average. Although not all deaths that occur to MT residents in other states are reported back to the Montana Office of Vital Statistics, resident deaths are used for this measure instead of resident, occurrent deaths because high risk pregnant women and/or infants may be transported to medical centers outside of Montana prior to or after delivery. If only occurrent deaths were counted, any deaths at medical centers outside of Montana would not be included.

3. Section Number: Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2007

Field Note:

The data source for this outcome measure is the Montana Office of Vital Statistics. The numerator includes the number of resident infant deaths at 28 through 364 days of age reported to the Montana Office of Vital Statistics (OVS). The denominator is the number of live births to Montana residents reported to OVS. Due to the small number of events and the variation in rates when using single years of data, as of the 2005 data this indicator is reported as a 3 year moving average. Although not all deaths that occur to MT residents in other states are reported back to the Montana Office of Vital Statistics, resident deaths are used for this measure instead of resident, occurrent deaths because high risk pregnant women and/or infants may be transported to medical centers outside of Montana prior to or after delivery. If only occurrent deaths were counted, any deaths at medical centers outside of Montana would not be included. 2007 data were updated for the July 2009 submission.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	5.3	6.9	6.9	4.8	5.5
Annual Indicator	5.5	6.5	6.3	5.8	5.8
Numerator	63	77	77	73	73
Denominator	11,455	11,910	12,217	12,552	12,552
Data Source				MT Office of Vital Statistics	MT Office of Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	5.5	5.4	5.4	5.4	5.4
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form12_Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2009**Field Note:**

The data are from 2008. 2009 data were not available at the time of grant submittal.

2. Section Number: Form12_Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data source for this outcome measure is the Montana Office of Vital Statistics. The numerator includes the number of resident infant deaths at 7 days or less of age plus the number of fetal deaths reported to the Montana Office of Vital Statistics (OVS). The denominator is the number of live births and fetal deaths to Montana residents reported to OVS. Due to the small number of events and the variation in rates when using single years of data, as of the 2005 data this indicator is reported as a 3 year moving average. Although not all deaths that occur to MT residents in other states are reported back to the Montana Office of Vital Statistics, resident deaths are used for this measure instead of resident, occurrent deaths because high risk pregnant women and/or infants may be transported to medical centers outside of Montana prior to or after delivery. If only occurrent deaths were counted, any deaths at medical centers outside of Montana would not be included. Since fetal deaths in particular that occur outside of MT to MT residents may not be collected or reported back to the MT Office of Vital Statistics by other states, this rate is likely an underestimate.

3. Section Number: Form12_Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data source for this outcome measure is the Montana Office of Vital Statistics. The numerator includes the number of resident infant deaths at <7 days of age plus the number of fetal deaths reported to the Montana Office of Vital Statistics (OVS). The denominator is the number of live births and fetal deaths to Montana residents reported to OVS. Due to the small number of events and the variation in rates when using single years of data, as of the 2005 data this indicator is reported as a 3 year moving average. Although not all deaths that occur to MT residents in other states are reported back to the Montana Office of Vital Statistics, resident deaths are used for this measure instead of resident, occurrent deaths because high risk pregnant women and/or infants may be transported to medical centers outside of Montana prior to or after delivery. If only occurrent deaths were counted, any deaths at medical centers outside of Montana would not be included. Since fetal deaths in particular that occur outside of MT to MT residents may not be collected or reported back to the MT Office of Vital Statistics by other states, this rate is likely an underestimate. 2007 data were updated for the July 2009 submission.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	15	8.2	8.2	8	22.5
Annual Indicator	22.5	26.5	24.8	24.7	24.7
Numerator	38	44	41	41	41
Denominator	169,197	165,951	165,609	166,039	166,039

Data Source

MT Office of Vital
Statistics

MT Office of Vital
Statistics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	22.5	22.5	22	22	22
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2009

Field Note:

The data are from 2008. 2009 data were not available at the time of grant submittal.

2. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2008

Field Note:

Death records from the Montana Office of Vital Statistics are the source of the numerator data. The numerator includes suicide deaths to MT residents, regardless of place of occurrence. Denominator data are census estimates for the population of 1 through 14 year olds (May 2009 estimates). As of the 2006 data, the data for this performance measure are reported as a moving average due to the small number of events.

3. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2007

Field Note:

Death records from the Montana Office of Vital Statistics are the source of the numerator data. The numerator includes suicide deaths to MT residents, regardless of place of occurrence. Denominator data are census estimates for the population of 1 through 14 year olds (May 2009 estimates). As of the 2006 data, the data for this performance measure are reported as a moving average due to the small number of events. 2007 data were updated for the July 2009 block grant submission.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: MT

Form Level Notes for Form 12

The data are from 2008. 2009 data were not available at the time of grant submittal.

STATE OUTCOME MEASURE # 1 - REPORTING YEAR

Native American Infant Mortality Rate

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	7	6.7	6.5	6.2	9.1
Annual Indicator	7.5	9.2	9.6	9.5	9.5
Numerator	11	14	15	15	15
Denominator	1,466	1,530	1,558	1,571	1,571
Data Source				MT Office of Vital Statistics	MT Office of Vital Statistics
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	9.1	9	9	8.9	
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form12_State Outcome Measure 1

Field Name: SO1

Row Name:

Column Name:

Year: 2009

Field Note:

The data are from 2008. 2009 data were not available at the time of grant submittal.

2. **Section Number:** Form12_State Outcome Measure 1

Field Name: SO1

Row Name:

Column Name:

Year: 2008

Field Note:

The data include deaths to MT resident infants reported to the Office of Vital Statistics. As of the 2006 data, this measure is reported as a 3-year moving average. Due to changes in the way race is collected on the new birth record format (implemented in 2008) the 2008 data may not be consistent with previous years.

3. **Section Number:** Form12_State Outcome Measure 1

Field Name: SO1

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data are still marked as provisional due to a review of the way birth and death records have been reported by race. As of the 2006 data, this measure is reported as a 3-year rolling average.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: MT

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

2

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

2

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

1

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

1

6. Family members of diverse cultures are involved in all of the above activities.

2

Total Score: 10

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: MT FY: 2011

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women," and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Child Safety/Unintentional Injury Unintentional injury deaths are the cause of approximately 47% of child (1-17 years of age) deaths in Montana. The MCH Priority is to reduce the deaths caused by unintentional injuries.
2. Oral Health of Children In 2007 Montana had a higher rate than the US in overall unmet need for dental care for children 0-17 years of age. The MCH priority need is to reduce the proportion of children with unmet need for dental care.
3. Smoking During Pregnancy The prevalence of smoking during pregnancy in Montana has not declined over the past decade. In both 1999 and 2007, 17% of women reported smoking during pregnancy. The MCH priority need is to decrease the prevalence of smoking during pregnancy.
4. Varicella Immunization Rate In 2008, 77.7% of Montana children 19-35 months had received one dose of varicella, compared to 90.7% of US children. The MCH priority need is to increase the number of children who receive the recommended varicella vaccine.
5. Diphtheria, Tetanus & Pertussis Immunization Rate For DTaP doses, the rate is among the lowest of all the vaccinations in the 4:3:1:3:3 series for children 19-35 months. The MCH priority need is to increase the number of children who receive the recommended DTaP series.
6. Access to Care In 2007, 6% of children 0-17 years with special health care needs had difficulty accessing specialist care. The MCH priority need is to increase the percent of children with cleft lip and/or palate receiving care at the CSHS clinics.
7. Preconception Health In 2008, 20% of women were obese prior to pregnancy. The MCH priority need is to increase the number of Medicaid clients with an identified risk factor during a previous live birth (gestational diabetes, preconception obesity) who receives follow upcare.
- 8.
- 9.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: MT

APPLICATION YEAR: 2011

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	to develop new communication methods in order to relay and obtain relevant feedback and communication to and from MCH partners.	to increase collaboration with the 54 health departments across the state. Physical trainings/meetings are difficult for some to attend.	not known at this time
2.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> 6 </u>	Montana's immunization rank according to the National Immunization Survey is 50th in the nation. Montana is focused on improving our rate by providing education to the MCH BG and Vaccine For Children contractors.	Montana's immunization rank according to the National Immunization Survey is 50th in the nation. The FCHB in partnership with MT's Immunization Program is focused on improving our rate.	Dr. Paul A Offit, an American pediatrician specializing in infectious diseases and an expert on vaccines, immunology, and virology.
3.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> 2 </u>	to improve and support the coordination and reporting of dental screenings recommended by Association of State and Territorial Dental Directors.	Data reporting is inconsistent and follow up care needs to improve	not known at this time
4.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> 2 </u>	to support the Access to Baby Child Dentistry (AbCd) program by providing guidance, leadership, technical assistance, and/or educational materials to AbCd providers/coordinators around the state	address oral health care in pregnancy and increase opportunities for dental home by age of one for Medicaid infants	not known at this time
5.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> 7 </u>	Montana's immunization rank according to the National Immunization Survey is 50th in the nation. Montana is focused on improving our rate by providing education to the MCH BG and Vaccine For Children contractors.	Montana's immunization rank according to the National Immunization Survey is 50th in the nation. The FCHB in partnership with MT's Immunization Program is focused on improving our rate.	Dr. Paul A Offit, an American pediatrician specializing in infectious diseases and an expert on vaccines, immunology, and virology.
6.	Data-related Issues - Data Systems Development If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	for the development of training materials for local FICMR review teams on the use of the CDR	switching to new data system and need to provide training for local users	not known at this time
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this			

	issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: MT

SP(Reporting Year) # 1

PERFORMANCE MEASURE:

Percent of unintended pregnancy among Title X clinic clients.

STATUS:

Active

GOAL

Reduce unintended pregnancy among Title X clinic clients.

DEFINITION

A pregnancy that had not been wanted at the time conception occurred, irrespective of whether or not contraception was being used. Among unintended pregnancies, a distinction is made between mistimed and unwanted: Mistimed conceptions are those that were wanted by the woman at some time, but which occurred sooner than they were wanted; and Unwanted conceptions are those that occurred when the woman did not want to have any more pregnancies at all.

Numerator:

Number of Title X clinic clients with a positive pregnancy test whose pregnancy was unintended.

Denominator:

Total number of Title X clinic clients with a positive pregnancy test.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

9-1 Increase the proportion of pregnancies that are intended

DATA SOURCES AND DATA ISSUES

The data is from the family planning clinic visit record (CVR) which is completed on all patient visits. The CVR reports whether the patient "wanted a child, but not at this time" (i.e. a mistimed pregnancy) or "Didn't want any (more) children." (i.e. an unwanted pregnancy). Montana is applying for the PRAMS grant in 2005, if received, we may move to using the PRAMS data set to inform this objective. Significance data from the IOM, "The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families," 1995.

SIGNIFICANCE

Unintended pregnancy (estimated at 60% of all pregnancies) affects all segments of society. The consequences are serious: A mother with an unintended pregnancy is more likely to seek prenatal care after the first trimester or not to obtain care, is more likely to expose the fetus to harmful substances such as tobacco or alcohol, and is at greater risk of physical abuse herself. A child of an unwanted conception is at greater risk of being low birthweight, of dying in its first year of life, of being abused, and of not receiving sufficient resources for healthy development. Both mother and father may suffer economic hardship and fail to achieve their educational and career goals. Unintended pregnancy also leads to approximately 1.5 million abortions in the United States annually, a ratio of about one abortion to every three live births -- a ratio two to four times higher than that in many other Western democracies.

SP(Reporting Year) # 2

PERFORMANCE MEASURE:

Percent of women who abstain from alcohol use in pregnancy.

STATUS:

Active

GOAL

Increase the percent of women who abstain from alcohol use during pregnancy to ultimately decrease the incidence of in utero alcohol exposure of the infant

DEFINITION

We are measuring the percent of women who abstain from alcohol use during pregnancy as reported on the birth certificate. We realize that alcohol use during pregnancy, as reported on the birth certificate is self reported, and thus is under reported. However, this is the only data source we have to measure this performance measure

Numerator:

Number of pregnant women who abstain from alcohol use during pregnancy as reported on the birth certificate.

Denominator:

Number of Montana births plus fetal deaths.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

17-17 Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women

DATA SOURCES AND DATA ISSUES

Alcohol use during pregnancy is reported on the SAQ, DV survey, birth certificates, MIAMI I & Os, WIC, and BRFSS. The birth certificate is the only data source we have in MT that represents all of the births in MT. The other data sources are either anonymous, or represent a only portion of the pregnancies and births in our state. Future years may include the PRAMS as the data source.

SIGNIFICANCE

Consumption of alcohol during pregnancy has been associated with reduction in birth weight and intellectual impariment, CNS involvement, facial deformity, small head circumfrence, brain malformation and intrauterine growth retardation

PERFORMANCE MEASURE:

Percent of state fetal/infant/child deaths reviewed for preventability by local review teams.

STATUS:

Active

GOAL

Identify why infants and children die in Montana and recommendation of system changes in Montana to prevent further deaths.

DEFINITION

Percent of state fetal/infant/child deaths reviewed by local teams for preventability.

Numerator:

Number of fetal, infant and child deaths reviewed by local teams in MT as evidenced by the number of data forms submitted by local review teams to DPHHS

Denominator:

Number of fetal, infant and child deaths in Montana obtained from the death certificates in vital stats.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

16-1c Reduce incidence of infant deaths

16-2 Reduce the rate of child death

DATA SOURCES AND DATA ISSUES

Submitted abstracts from local reviews of fetal, infant and child deaths, which are entered into a data system at the state level. Fetal, infant and child death certificates from vital stats are also a data source

SIGNIFICANCE

Vital Statistics on fetal, infant and child deaths don't identify the circumstances of death and what can be done to prevent future deaths. The local multi disciplinary review teams meet and discuss circumstances of the death and prevention of future deaths, which provides much more detail and prevention is targeted to that specific community

SP(Reporting Year) # 5

PERFORMANCE MEASURE:

Percent of Medicaid eligible children who receive dental services as part of their comprehensive services.

STATUS:

Active

GOAL

To improve dental health of Medicaid-eligible children through increased access to dental services.

DEFINITION

Numerator:

Number of children to age 21 who have received dental services as part of their comprehensive services.

Denominator:

Estimated number of children to age 21 who are potentially eligible by state definition, for Medicaid at the end of the fiscal year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

21-12 Increase the proportion of low-income children and adolescents who received dental services

DATA SOURCES AND DATA ISSUES

Sources and issues are similar to performance measure 13, "Percent of potentially Medicaid eligible children who have received a service paid by the Medicaid Program." From July 1, 1995 to June 30, 1996, 15,719 Medicaid child patients out of 43,970 average eligibles received dental care for a 36%. From July 1, 1996 to June 30, 1997, the percentage was also 36%.

SIGNIFICANCE

Medicaid eligible children are not always able to access dental care. Barriers to access limit dental care and impact the health of Medicaid eligible children in a negative manner.

SP(Reporting Year) # 6

PERFORMANCE MEASURE:

Percent of pregnant women who abstain from cigarette smoking.

STATUS:

Active

GOAL

Decrease the incidence of low birthweight and other adverse outcomes and infant mortality related to tobacco use by pregnant women.

DEFINITION

-

Numerator:

Number of pregnant women who report not smoking.

Denominator:

Number of Montana births and fetal deaths.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

16-17 Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women

DATA SOURCES AND DATA ISSUES

Birth certificates.

SIGNIFICANCE

Maternal smoking during pregnancy is a risk factor for low birthweight, the leading cause of infant mortality. Smoking during pregnancy is also a significant risk factor for SAB and stillbirths. Parental smoking can also have long-term effects on a child's growth, intelligence and behavior. Further, infants exposed to cigarette smoke before and/or after birth are 2 to 3 times more likely to die from SIDS.

SP(Reporting Year) # 7

PERFORMANCE MEASURE:

Rate of firearm deaths among youth aged 5-19.

STATUS:

Active

GOAL

Reduce by 5% the number of firearm related deaths among youths aged 5-19 years of age.

DEFINITION

Firearm-related death rate (per 100,000) among youth ages 5-19.

Numerator:

Total number of population aged 5-19 who have died of firearm deaths.

Denominator:

Total population of youth in Montana age 5-19.

Units: 100000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

15-3 Reduce firearm related deaths

DATA SOURCES AND DATA ISSUES

1) Montana Census and Economic Center 2) Montana Trauma Registry 3) National Center for Health Statistics, Centers for Disease Control and Prevention; and 4) national Center for Prevention and Control of Injury.

SIGNIFICANCE

1. In children under 15, 35-40% of firearm deaths are unintentional. 2. Among adolescents 15-19 years of age, one in every four deaths is caused by a firearm. For this age group, the risk of dying from a firearm injury has increased by 77% since 1975. 3. In 1990, firearm injuries cost over \$20.4 billion in direct costs for hospital and other medical care, and in direct costs for long-term disabilities and premature deaths. 4. at least 80% of the economic costs of treating firearm injuries are paid for by tax dollars.

SP(Reporting Year) # <u>8</u>	
PERFORMANCE MEASURE:	Percent of low birth weight infants among all live births.
STATUS:	Active
GOAL	To reduce the proportion of all live deliveries with low birth weight.
DEFINITION	<p>The number of live births with birth weight under 2,500 grams to state residents in the calendar year, among all live births to state residents within the calendar year.</p> <p>Numerator: Number of live births with birth weight less than 2,500 grams to MT residents in the calendar year.</p> <p>Denominator: Total number of live births to MT residents in the calendar year.</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	Objective 16-10a: Reduce the percent of low birthweight to 5 or less.
DATA SOURCES AND DATA ISSUES	Birth certificates: Office of Vital Statistics, Montana Department of Public Health and Human Services
SIGNIFICANCE	Prematurity is a leading factor in infant death. Many risk factors have been identified for low birth weight involving younger and older maternal age, poverty, late prenatal care, smoking and substance abuse.

PERFORMANCE MEASURE:

Percent of Montana public middle and secondary schools that include comprehensive sexuality education as part of their health curriculum.

STATUS:

Active

GOAL

To increase the proportion of Montana public middle and secondary schools that include comprehensive sexuality education as part of their health curriculum.

DEFINITION

The percent of Montana public middle and secondary schools that include comprehensive sexuality education as part of their health curriculum. Comprehensive sexuality education is defined as formal instruction on all of the following topics: birth control methods, abstinence, safer sex to prevent HIV, and prevention of sexually transmitted diseases.

Numerator:

Number of public middle and secondary schools in Montana that include comprehensive sexuality education as part of their health curriculum.

Denominator:

Number of public middle and secondary schools in Montana.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 9-11

Increase the proportion of young adults who have received formal instruction before turning age 18 years on reproductive health issues, including all of the following topics: birth control methods, safer sex to prevent HIV, prevention of sexually transmitted diseases, and abstinence.

DATA SOURCES AND DATA ISSUES

Sex Education Telephone Questionnaire: Summary of Findings, Planned Parenthood of Montana

SIGNIFICANCE

Delayed sexual debut, consistent and correct condom use, consistent use of birth control methods and healthy decision-making are leading factors in decreasing teen pregnancy and STD rates.

SO(Reporting Year) # 1

OUTCOME MEASURE:

Native American Infant Mortality Rate

STATUS:

Active

GOAL

The Native American infant mortality rate will be no higher than the White infant mortality rate

DEFINITION

Numerator:
Number of Native American infant deaths.
Denominator:
Number of Native American births.
Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

16-1c Reduce incidence of infant deaths

DATA SOURCES AND DATA ISSUES

Vital records collected by state.

SIGNIFICANCE

All countries of the world measure the infant mortality rate as an indicator of general health status. The U.S. has made progress in reducing this rate, but the rate of decline has slowed. In Montana, as in the nation as a whole, there continues to be significant racial disparity.

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: MT

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>23.1</u>	<u>24.9</u>	<u>19.8</u>	<u>18.8</u>	<u>18.8</u>
Numerator	<u>131</u>	<u>145</u>	<u>118</u>	<u>115</u>	<u>115</u>
Denominator	<u>56,797</u>	<u>58,191</u>	<u>59,581</u>	<u>61,114</u>	<u>61,114</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2009

Field Note:

The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected to be available later in 2010.

2. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2008

Field Note:

2008 data are not yet available.

As of the 2008 submission, hospital discharge records are used to report the numerator for this indicator. 2005 is the first year that reflects this change in data sources. Prior to 2005 the numerator was Medicaid data. Reporting of hospital discharge records is not required in Montana. Not all facilities report discharge data and reporting may not be standardized. However, this source is the only statewide indication of hospitalizations for asthma among children under 5. The denominator is census estimates of children 0 through 4 years of age (May 2009 version).

3. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2007

Field Note:

As of the 2008 submission, hospital discharge records were used to report the numerator for this indicator. 2005 is the first year that reflects this change in data sources. Prior to 2005 the numerator was Medicaid data. Reporting of hospital discharge records is not required in Montana. Not all facilities report discharge data and reporting may not be standardized. However, this source is the only statewide indication of hospitalizations for asthma among children under 5. The denominator is census estimates of children 0 through 4 years of age (May 2009 version).

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>88.3</u>	<u>91.9</u>	<u>88.0</u>	<u>92.7</u>	<u>88.6</u>
Numerator	<u>4,635</u>	<u>1,160</u>	<u>4,717</u>	<u>5,118</u>	<u>4,883</u>
Denominator	<u>5,249</u>	<u>1,262</u>	<u>5,359</u>	<u>5,520</u>	<u>5,510</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2009

Field Note:

Data are for FFY 2009 from the EPSDT report from the Montana Medicaid Program.

2. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2008

Field Note:

This data for FFY 2008 came from the EPSDT report from the Montana Medicaid Program on 4/22/09.

3. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2007

Field Note:

This data came from the EPSDT report from the Montana Medicaid Program. It is an annual report for FFY 2007. cz

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	0.0	0.0	0	0	0
Numerator	0	0			
Denominator	1	1			

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2009

Field Note:

Data are not available for this indicator.

2. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2008

Field Note:

Data are not available for this indicator.

3. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2007

Field Note:

Data are not available for this indicator.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>80.2</u>	<u>78.8</u>	<u>78.7</u>	<u>59.7</u>	<u>59.7</u>
Numerator	<u>9,251</u>	<u>9,818</u>	<u>9,772</u>	<u>7,498</u>	<u>7,498</u>
Denominator	<u>11,539</u>	<u>12,462</u>	<u>12,414</u>	<u>12,567</u>	<u>12,567</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2009

Field Note:

The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected to be available later in 2010.

2. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2008

Field Note:

Data for this measure for 2008 should not be compared to prior years due to changes in the way the data are collected. The data source for this measure is the Montana Office of Vital Statistics. Both the numerator and the denominator reflect data on live births to Montana women 15-44 years of age, regardless of the place of occurrence. A new birth record format was implemented in 2008, following the 2003 revisions to the US Standard Certificate of Live Birth. The new birth record revised the way data on prenatal care initiation are reported. Also, due to the change the number of records with unknown or missing data increased. In 2008, the percent of births with unknown timing of prenatal care was 6.5%, compared to <1% in previous years. Among births with known prenatal care, 63.8% were less than or equal to 80% on the Kotelchuck Index.

3. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2007

Field Note:

The data source for this measure is the Montana Office of Vital Statistics. Both the numerator and the denominator reflect data on live births to Montana women 15-44 years of age, regardless of the place of occurrence. The 2007 data were updated for the July 2009 submission with final vital statistics data.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	88.7	86.1	97.5	93.4	91.0
Numerator	58,602	51,200	61,532	58,450	60,207
Denominator	66,078	59,448	63,136	62,553	66,147

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2009**Field Note:**

The data source is the Montana Medicaid Program data, via QueryPath.

The data include for any children who were eligible for Medicaid during any part of the fiscal year and were less than 19 years of age. Providers have up to a year to submit claims. All claims for FFY 2009 have not been processed and the actual percentage of recipients with a claim may be higher. 2009 data are provisional.

2. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data were updated for the July 2010 submission.

The numerator and denominator were obtained from Medicaid Program.

The data include any child that was eligible for Medicaid during any part of the fiscal year and was 18 or under at the start of the fiscal year.

3. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data were updated for the July 2010 submission. The numerator and denominator were obtained from Medicaid Program. The data include any child that was eligible for Medicaid during any part of the fiscal year and was 18 or under at the start of the fiscal year.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	2005	2006	Annual Indicator Data		
			2007	2008	2009
Annual Indicator	<u>34.3</u>	<u>33.4</u>	<u>39.7</u>	<u>52.2</u>	<u>38.6</u>
Numerator	<u>4,182</u>	<u>4,099</u>	<u>4,897</u>	<u>6,406</u>	<u>5,112</u>
Denominator	<u>12,182</u>	<u>12,279</u>	<u>12,320</u>	<u>12,269</u>	<u>13,231</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2009

Field Note:

Data are from the EPSDT report from the Montana Medicaid Program for the FFY 2009.

2. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2008

Field Note:

This data are from the FFY 2008 EPSDT report from the Montana Medicaid Program.

3. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2007

Field Note:

This data are from the FFY 2007 EPSDT report from the Montana Medicaid Program.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>1.1</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Numerator	<u>22</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Denominator	<u>1,957</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2009

Field Note:

According to Montana State statute, children who receive SSI benefits automatically receive Medicaid benefits. Therefore, there are no children who receive SSI benefits and receive services through the children with special health care needs program whose services are not paid by Medicaid.

2. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2008

Field Note:

According to Montana State statute, children who receive SSI benefits automatically receive Medicaid benefits. Therefore, there are no children who receive SSI benefits and receive services through the children with special health care needs program whose services are not paid by Medicaid.

3. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2007

Field Note:

In 2007, 1929 children under 16 in Montana were receiving SSI payments. According to Montana state statute, children who receive SSI benefits automatically receive Medicaid. Therefore, there are no children who receive SSI benefits and receive services through the children with special health care needs program whose services are not paid by Medicaid. According to the block grant guidance, the goal of this indicator is "for the state CSHCN program to provide rehabilitative services for blind and disabled children less than 16 years old receiving benefits under Title SVI, to the extent medical assistance for such services is not provided by Medicaid." Due to the fact that Montana has met this goal, we have no data to report for this indicator.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: MT

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2009	Payment source from birth certificate	<u>8.6</u>	<u>6.7</u>	<u>7.4</u>
b) <i>Infant deaths per 1,000 live births</i>	2009	Other	<u>1</u>	<u>1</u>	<u>1</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2009	Payment source from birth certificate	<u>65.7</u>	<u>73.7</u>	<u>71.3</u>
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2009	Payment source from birth certificate	<u>55.7</u>	<u>61.4</u>	<u>59.7</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: MT

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2009	<div style="text-align: right;">133</div>
b) <i>Medicaid Children</i> (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">1</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">5</div>) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">6</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">19</div>) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div>)	2009	<div style="text-align: right;">133</div> <div style="text-align: right;">133</div> <div style="text-align: right;"></div>
c) <i>Pregnant Women</i>	2009	<div style="text-align: right;">150</div>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: MT

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2009	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">250</div>
b) <i>Medicaid Children</i> (Age range <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> 1 to <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> 18) (Age range <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> to <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div>) (Age range <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> to <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div>)	2009	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">250</div> <div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div>
c) <i>Pregnant Women</i>		<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2011
Field Note:
Montana's SCHIP (CHIP) does not cover pregnant women unless they are under 18 years of age (covered under CHIP as children).
2. **Section Number:** Form18_Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2011
Field Note:
The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected by be available later in 2010.
3. **Section Number:** Form18_Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2011
Field Note:
These data are not yet available. 2008 was the first year when payment source was available on the birth records. Linked birth-death-Medicaid files have suggested that the rate of infant death among Medicaid-paid births is significantly higher than among non-Medicaid births. However, due to the inability to verify some of the required information, the linked data files are not used as a source of this measure. Linked birth-death records that include delivery payment source may be available later in 2010, depending on the availability of vital statistics staff time to link the data sets.
4. **Section Number:** Form18_Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2011
Field Note:
The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected by be available later in 2010.
5. **Section Number:** Form18_Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2011
Field Note:
The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected by be available later in 2010.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: MT

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	Yes
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	2	Yes
Annual birth defects surveillance system	1	Yes
Survey of recent mothers at least every two years (like PRAMS)	1	Yes

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: MT

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

- Section Number:** Form19_Indicator 09A
Field Name: BirthDefects
Row Name: Annual birth defects surveillance system
Column Name:
Year: 2011
Field Note:
Montana's birth defects surveillance system was suspended in 2005 due to lack of funding.
- Section Number:** Form19_Indicator 09A
Field Name: RecentMother
Row Name: Survey of recent mothers at least every two years (like PRAMS)
Column Name:
Year: 2011
Field Note:
Montana conducted one Point-in-Time PRAMS survey in 2002. The dataset from that PRAMS survey is available to the MCH program and is used for analysis.

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: MT

Form Level Notes for Form 20

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2005	2006	2007	2008	2009
Annual Indicator	6.7	7.3	7.2	7.4	7.4
Numerator	772	911	895	931	931
Denominator	11,573	12,499	12,437	12,595	12,595

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2009

Field Note:

The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected to be available later in 2010.

2. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2008

Field Note:

The data source is the Montana Office of Vital Statistics. These data include births that occurred to MT residents, regardless of the place of occurrence.

3. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2007

Field Note:

The data source is the Montana Office of Vital Statistics. These data include births that occurred to MT residents, regardless of the place of occurrence. The data were updated for the July 2009 submission.

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>5.4</u>	<u>5.6</u>	<u>5.6</u>	<u>5.8</u>	<u>5.8</u>
Numerator	<u>609</u>	<u>676</u>	<u>671</u>	<u>706</u>	<u>706</u>
Denominator	<u>11,278</u>	<u>12,092</u>	<u>12,034</u>	<u>12,203</u>	<u>12,203</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2009

Field Note:

The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected to be available later in 2010.

2. **Section Number:** Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2008

Field Note:

The data source is the Montana Office of Vital Statistics. These data include births that occurred to MT residents, regardless of the place of occurrence.

3. **Section Number:** Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2007

Field Note:

The data source is the Montana Office of Vital Statistics. These data include births that occurred to MT residents, regardless of the place of occurrence. The data were updated for the July 2009 submission.

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>1.0</u>	<u>1.2</u>	<u>1.2</u>	<u>1.1</u>	<u>1.1</u>
Numerator	<u>114</u>	<u>149</u>	<u>144</u>	<u>144</u>	<u>144</u>
Denominator	<u>11,573</u>	<u>12,499</u>	<u>12,437</u>	<u>12,595</u>	<u>12,595</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2009**Field Note:**

The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected to be available later in 2010.

2. Section Number: Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data source is the Montana Office of Vital Statistics. These data include births that occurred to MT residents, regardless of the place of occurrence.

3. Section Number: Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data source is the Montana Office of Vital Statistics. These data include births that occurred to MT residents, regardless of the place of occurrence. The data were updated for the July 2009 submission.

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

		Annual Indicator Data			
	2005	2006	2007	2008	2009
Annual Indicator	<u>0.9</u>	<u>0.9</u>	<u>0.9</u>	<u>0.9</u>	<u>0.9</u>
Numerator	<u>98</u>	<u>106</u>	<u>103</u>	<u>111</u>	<u>111</u>
Denominator	<u>11,278</u>	<u>12,092</u>	<u>12,034</u>	<u>12,203</u>	<u>12,203</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2009**Field Note:**

The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected to be available later in 2010.

2. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data source is the Montana Office of Vital Statistics. These data include births that occurred to MT residents, regardless of the place of occurrence.

3. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data source is the Montana Office of Vital Statistics. These data include births that occurred to MT residents, regardless of the place of occurrence. The data were updated for the July 2009 submission.

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	10.2	10.7	9.6	11.8	11.8
Numerator	18	19	17	21	21
Denominator	175,610	177,741	177,688	178,508	178,508

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2009

Field Note:

The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected to be available later in 2010.

2. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2008

Field Note:

The numerator is from the Montana Office of Vital Statistics and includes deaths due to unintentional injury among Montana residents aged 14 years and younger, regardless of the place of occurrence. The denominator is from the census estimates (May 2009 version). As of the 2005 data, this indicator is reported as a 3-year moving average due to the small number of events.

3. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data were updated for the July 2009 submission. The numerator is from the Montana Office of Vital Statistics and includes deaths due to unintentional injury among Montana residents aged 14 years and younger, regardless of the place of occurrence. The denominator is from the census estimates (May 2009 version). As of the 2005 data, this indicator is reported as a 3-year moving average due to the small number of events.

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>5.7</u>	<u>5.6</u>	<u>5.6</u>	<u>6.2</u>	<u>6.2</u>
Numerator	<u>10</u>	<u>10</u>	<u>10</u>	<u>11</u>	<u>11</u>
Denominator	<u>175,610</u>	<u>177,741</u>	<u>177,688</u>	<u>178,508</u>	<u>178,508</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2009

Field Note:

The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected to be available later in 2010.

2. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2008

Field Note:

The numerator is from the Montana Office of Vital Statistics and includes deaths due to motor vehicle incidents among Montana residents aged 14 years and younger, regardless of the place of occurrence. The denominator is from the census estimates (May 2009 version). As of the 2005 data, this indicator is reported as a 3-year moving average due to the small number of events.

3. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data were updated for the July 2009 submission. The numerator is from the Montana Office of Vital Statistics and includes deaths due to motor vehicle incidents among Montana residents aged 14 years and younger, regardless of the place of occurrence. The denominator is from the census estimates (May 2009 version). As of the 2005 data, this indicator is reported as a 3-year moving average due to the small number of events.

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	35.0	43.1	43.2	43.4	43.4
Numerator	48	59	59	59	59
Denominator	137,200	136,834	136,424	136,045	136,045

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2009

Field Note:

The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected to be available later in 2010.

2. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2008

Field Note:

The numerator is from the Montana Office of Vital Statistics and includes deaths due to motor vehicle incidents among Montana residents aged 15-24 years, regardless of the place of occurrence. The denominator is from the census estimates (May 2009 version). As of the 2005 data, this indicator is reported as a 3-year moving average due to the small number of events.

3. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data were updated for the July 2009 submission. The numerator is from the Montana Office of Vital Statistics and includes deaths due to motor vehicle incidents among Montana residents aged 15 through 24 years, regardless of the place of occurrence. The denominator is from the census estimates (May 2009 version). As of the 2006 data, this indicator is reported as a 3-year moving average due to the small number of events.

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>160.4</u>	<u>169.7</u>	<u>256.9</u>	<u>211.9</u>	<u>211.9</u>
Numerator	<u>284</u>	<u>301</u>	<u>458</u>	<u>381</u>	<u>381</u>
Denominator	<u>177,051</u>	<u>177,413</u>	<u>178,268</u>	<u>179,844</u>	<u>179,844</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2009

Field Note:

The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected to be available later in 2010.

2. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2008

Field Note:

2008 data are from the hospital discharge data. The numerator includes non-fatal injuries to Montana residents only. The denominator is the census estimate of children 14 years and younger in 2008 (May 2009 version).

3. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data are from the hospital discharge data. The numerator includes non-fatal injuries to Montana residents only. The denominator is the census estimate of children 14 years and younger in 2008 (May 2009 version).

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>452.4</u>	<u>433.1</u>	<u>398.3</u>	<u>363.6</u>	<u>290.9</u>
Numerator	<u>801</u>	<u>767</u>	<u>710</u>	<u>654</u>	<u>525</u>
Denominator	<u>177,051</u>	<u>177,112</u>	<u>178,268</u>	<u>179,844</u>	<u>180,465</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2009

Field Note:

Numberator data from MDT Traffic Safety. Denominator data from census estimates.

2. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2008

Field Note:

Numberator data from MDT Traffic Safety. Denominator data from census estimates.

3. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2007

Field Note:

Source: MT DOT

RR

Update denominator on July 08, 2009 used data from US Census

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>2,220.1</u>	<u>2,273.7</u>	<u>2,150.2</u>	<u>1,910.2</u>	<u>1,577.9</u>
Numerator	<u>3,046</u>	<u>3,114</u>	<u>2,912</u>	<u>2,593</u>	<u>2,266</u>
Denominator	<u>137,200</u>	<u>136,959</u>	<u>135,429</u>	<u>135,746</u>	<u>143,606</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2009

Field Note:

Numberator data from MDT Traffic Safety. Denominator data from July 1, 2009 census estimates (June 2010 edition).

2. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2008

Field Note:

Numberator data from MDT Traffic Safety. Denominator data from census estimates.

3. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2007

Field Note:

Source: MT DOT

Updated denominator on July 8, 2009 from US Census.

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>20.1</u>	<u>22.1</u>	<u>23.5</u>	<u>27.7</u>	<u>24.6</u>
Numerator	<u>660</u>	<u>720</u>	<u>794</u>	<u>926</u>	<u>807</u>
Denominator	<u>32,773</u>	<u>32,551</u>	<u>33,850</u>	<u>33,488</u>	<u>32,789</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2009

Field Note:

The source for the numerator is the STD Surveillance Database, STD MIS, from calendar year 2009. The denominator is from census estimates of Montana resident females 15-19 years of age in 2009 (June 2010 version). Reporting for 2009 may not be complete.

2. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2008

Field Note:

The source for the numerator is the STD Surveillance Database, STD MIS, from calendar year 2008. The denominator is from census estimates of Montana resident females 15-19 years of age in 2008 (June 2010 version). The increase in the rate for 2008 is believed to be due to improved case reporting and an increase in the number of sites that reported test results, not because of an increase in cases.

3. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2007

Field Note:

The source for the numerator is the STD Surveillance Database, STD MIS, from calendar year 2007. The denominator is from census estimates of Montana resident females 15-19 years of age in 2007 (June 2010 version). The data were updated for the July 2009 submission.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>7.2</u>	<u>7.7</u>	<u>7.8</u>	<u>8.4</u>	<u>8.6</u>
Numerator	<u>1,062</u>	<u>1,140</u>	<u>1,158</u>	<u>1,249</u>	<u>1,292</u>
Denominator	<u>148,088</u>	<u>147,904</u>	<u>148,467</u>	<u>149,294</u>	<u>149,491</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2009

Field Note:

The source for the numerator is the STD Surveillance Database, STD MIS, from calendar year 2008. The denominator is from census estimates of Montana resident females 20-44 years of age in 2008 (June 2010 version). Reporting for 2009 may not be complete.

2. **Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2008

Field Note:

The source for the numerator is the STD Surveillance Database, STD MIS, from calendar year 2008. The denominator is from census estimates of Montana resident females 20-44 years of age in 2008 (June 2010 version). The increase in the rate for 2008 is believed to be due to improved case reporting and an increase in the number of sites that reported test results, not because of an increase in cases.

3. **Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2007

Field Note:

The source for the numerator is the STD Surveillance Database, STD MIS, from calendar year 2007. The denominator is from census estimates of Montana resident females 20-44 years of age in 2007 (June 2010 version). The data were updated for the July 2009 submission.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MT

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2009 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	12,838	10,582	158	1,330	130	15	623	0
Children 1 through 4	49,600	40,673	820	5,634	491	46	1,936	0
Children 5 through 9	58,491	48,629	1,065	6,111	525	63	2,098	0
Children 10 through 14	59,536	50,877	915	5,280	498	63	1,903	0
Children 15 through 19	68,108	58,723	856	6,113	549	53	1,814	0
Children 20 through 24	75,498	66,469	696	5,754	861	46	1,672	0
Children 0 through 24	324,071	275,953	4,510	30,222	3,054	286	10,046	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	12,255	583	0
Children 1 through 4	46,782	2,818	0
Children 5 through 9	55,082	3,409	0
Children 10 through 14	56,555	2,981	0
Children 15 through 19	65,273	2,835	0
Children 20 through 24	72,885	2,613	0
Children 0 through 24	308,832	15,239	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MT

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2009 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	9	5	0	3	0	0	1	0
Women 15 through 17	363	241	1	105	0	1	10	5
Women 18 through 19	943	661	6	219	9	4	36	8
Women 20 through 34	9,899	8,380	34	1,113	76	16	173	107
Women 35 or older	1,337	1,209	7	77	23	2	9	10
Women of all ages	12,551	10,496	48	1,517	108	23	229	130

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	8	1	0
Women 15 through 17	346	17	0
Women 18 through 19	894	49	0
Women 20 through 34	9,572	327	0
Women 35 or older	1,301	36	0
Women of all ages	12,121	430	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MT

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2009 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	87	72	0	13	0	0	2	0
Children 1 through 4	12	8	0	2	0	0	2	0
Children 5 through 9	11	9	0	2	0	0	0	0
Children 10 through 14	16	14	0	2	0	0	0	0
Children 15 through 19	46	37	1	6	1	0	0	1
Children 20 through 24	82	61	0	15	0	0	3	3
Children 0 through 24	254	201	1	40	1	0	7	4

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	84	3	0
Children 1 through 4	11	1	0
Children 5 through 9	11	0	0
Children 10 through 14	16	0	0
Children 15 through 19	45	1	0
Children 20 through 24	80	2	0
Children 0 through 24	247	7	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MT

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	248,573	209,484	3,814	24,468	2,193	240	8,374	0	2009
Percent in household headed by single parent	21.1	19.2	0.0	33.1	0.0	0.0	47.2	21.2	2009
Percent in TANF (Grant) families	2.5	1.4	3.3	12.8	0.4	2.8	0.0	0.0	2009
Number enrolled in Medicaid	67,517	48,437	827	17,026	237	3	866	121	2009
Number enrolled in SCHIP	25,938	16,807	94	1,739	99	36	1,897	5,266	2009
Number living in foster home care	2,281	1,250	73	890	8	5	0	55	2009
Number enrolled in food stamp program	22,933	17,578	182	4,473	58	31	0	611	2009
Number enrolled in WIC	29,171	19,543	146	5,047	48	53	4,279	55	2009
Rate (per 100,000) of juvenile crime arrests	5,147.8	4,252.7	84.9	702.8	21.3	0.0	0.0	0.0	2009
Percentage of high school drop-outs (grade 9 through 12)	5.1	4.4	0.0	12.7	0.0	0.0	0.0	5.0	2009

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	235,947	12,626	0	2009
Percent in household headed by single parent	15.9	0.6	0.0	2009
Percent in TANF (Grant) families	2.5	2.6	0.0	2009
Number enrolled in Medicaid	64,382	3,135	0	2009
Number enrolled in SCHIP	25,139	799	0	2009
Number living in foster home care	2,032	136	113	2009
Number enrolled in food stamp program	22,322	611	0	2009
Number enrolled in WIC	27,198	1,918	0	2009
Rate (per 100,000) of juvenile crime arrests	4,907.5	126.3	0.0	2009
Percentage of high school drop-outs (grade 9 through 12)	5.0	8.1	0.0	2009

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MT

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2009 Is this data from a State Projection? No Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	<u>86,773</u>
Living in urban areas	<u>163,892</u>
Living in rural areas	<u>85,463</u>
Living in frontier areas	<u>0</u>
Total - all children 0 through 19	<u>249,355</u>

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MT

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2009 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	972,972.0
Percent Below: 50% of poverty	5.5
100% of poverty	12.9
200% of poverty	34.4

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MT

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2009 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	<u>238,572.0</u>
Percent Below: 50% of poverty	<u>8.3</u>
100% of poverty	<u>19.0</u>
200% of poverty	<u>43.7</u>

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2011
Field Note:
Data Source: US Census, July 1, 2009 population estimates. <http://www.census.gov/popest/datasets.html>, State by Age, Sex, Race, and Hispanic Origin, 6 race groups- 5 race alone groups and 1 multiple race group, Reporting Year 2009
2. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2011
Field Note:
Data Source: US Census, July 1, 2009 population estimates. <http://www.census.gov/popest/datasets.html>, State by Age, Sex, Race, and Hispanic Origin, 6 race groups- 5 race alone groups and 1 multiple race group, Reporting Year 2009
3. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2011
Field Note:
Data Source: US Census, July 1, 2009 population estimates. <http://www.census.gov/popest/datasets.html>, State by Age, Sex, Race, and Hispanic Origin, 6 race groups- 5 race alone groups and 1 multiple race group, Reporting Year 2009
4. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2011
Field Note:
Data Source: US Census, July 1, 2009 population estimates. <http://www.census.gov/popest/datasets.html>, State by Age, Sex, Race, and Hispanic Origin, 6 race groups- 5 race alone groups and 1 multiple race group, Reporting Year 2009
5. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2011
Field Note:
Data Source: US Census, July 1, 2009 population estimates. <http://www.census.gov/popest/datasets.html>, State by Age, Sex, Race, and Hispanic Origin, 6 race groups- 5 race alone groups and 1 multiple race group, Reporting Year 2009
6. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2011
Field Note:
Data Source: US Census, July 1, 2009 population estimates. <http://www.census.gov/popest/datasets.html>, State by Age, Sex, Race, and Hispanic Origin, 6 race groups- 5 race alone groups and 1 multiple race group, Reporting Year 2009
7. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2011
Field Note:
Data Source: US Census, July 1, 2009 population estimates. <http://www.census.gov/popest/datasets.html>, State by Age, Sex, Race, and Hispanic Origin, 6 race groups- 5 race alone groups and 1 multiple race group, Reporting Year 2009
8. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2011
Field Note:
Data Source: US Census, July 1, 2009 population estimates. <http://www.census.gov/popest/datasets.html>, State by Age, Sex, Race, and Hispanic Origin, 6 race groups- 5 race alone groups and 1 multiple race group, Reporting Year 2009
9. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2011
Field Note:
Data Source: US Census, July 1, 2009 population estimates. <http://www.census.gov/popest/datasets.html>, State by Age, Sex, Race, and Hispanic Origin, 6 race groups- 5 race alone groups and 1 multiple race group, Reporting Year 2009
10. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2011
Field Note:
Data Source: US Census, July 1, 2009 population estimates. <http://www.census.gov/popest/datasets.html>, State by Age, Sex, Race, and Hispanic Origin, 6 race groups- 5 race alone groups and 1 multiple race group, Reporting Year 2009

11. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2011
Field Note:
Data Source: US Census, July 1, 2009 population estimates. <http://www.census.gov/popest/datasets.html>, State by Age, Sex, Race, and Hispanic Origin, 6 race groups- 5 race alone groups and 1 multiple race group, Reporting Year 2009
12. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2011
Field Note:
Data Source: US Census, July 1, 2009 population estimates. <http://www.census.gov/popest/datasets.html>, State by Age, Sex, Race, and Hispanic Origin, 6 race groups- 5 race alone groups and 1 multiple race group, Reporting Year 2009
13. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women15
Row Name: Women < 15
Column Name:
Year: 2011
Field Note:
The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected by be available later in 2010.
14. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women15to17
Row Name: Women 15 through 17
Column Name:
Year: 2011
Field Note:
The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected by be available later in 2010.
15. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women18to19
Row Name: Women 18 through 19
Column Name:
Year: 2011
Field Note:
The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected by be available later in 2010.
16. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women20to34
Row Name: Women 20 through 34
Column Name:
Year: 2011
Field Note:
The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected by be available later in 2010.
17. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women35
Row Name: Women 35 or older
Column Name:
Year: 2011
Field Note:
The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected by be available later in 2010.
18. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women15
Row Name: Women < 15
Column Name:
Year: 2011
Field Note:
The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected by be available later in 2010.
19. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women15to17
Row Name: Women 15 through 17
Column Name:
Year: 2011
Field Note:
The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected by be available later in 2010.
20. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women18to19
Row Name: Women 18 through 19
Column Name:
Year: 2011
Field Note:
The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected by be available later in 2010.
21. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women20to34
Row Name: Women 20 through 34
Column Name:
Year: 2011
Field Note:
The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected by be available later in 2010.
22. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women35
Row Name: Women 35 or older
Column Name:
Year: 2011
Field Note:

The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected by be available later in 2010.

23. Section Number: Form21_Indicator 08A

Field Name: S08_Race_Infants

Row Name: Infants 0 to 1

Column Name:

Year: 2011

Field Note:

The data are from 2008. 2009 data were not available at the time of the grant submittal. They are expected by be available later in 2010.

24. Section Number: Form21_Indicator 08A

Field Name: S08_Race_Children1to4

Row Name: children 1 through 4

Column Name:

Year: 2011

Field Note:

The data are from 2008. 2009 data were not available at the time of the grant submittal. They are expected by be available later in 2010.

25. Section Number: Form21_Indicator 08A

Field Name: S08_Race_Children5to9

Row Name: children 5 through 9

Column Name:

Year: 2011

Field Note:

The data are from 2008. 2009 data were not available at the time of the grant submittal. They are expected by be available later in 2010.

26. Section Number: Form21_Indicator 08A

Field Name: S08_Race_Children10to14

Row Name: children 10 through 14

Column Name:

Year: 2011

Field Note:

The data are from 2008. 2009 data were not available at the time of the grant submittal. They are expected by be available later in 2010.

27. Section Number: Form21_Indicator 08A

Field Name: S08_Race_Children15to19

Row Name: children 15 through 19

Column Name:

Year: 2011

Field Note:

The data are from 2008. 2009 data were not available at the time of the grant submittal. They are expected by be available later in 2010.

28. Section Number: Form21_Indicator 08A

Field Name: S08_Race_Children20to24

Row Name: children 20 through 24

Column Name:

Year: 2011

Field Note:

The data are from 2008. 2009 data were not available at the time of the grant submittal. They are expected by be available later in 2010.

29. Section Number: Form21_Indicator 08B

Field Name: S08_Ethnicity_Infants

Row Name: Infants 0 to 1

Column Name:

Year: 2011

Field Note:

The data are from 2008. 2009 data were not available at the time of the grant submittal. They are expected by be available later in 2010.

30. Section Number: Form21_Indicator 08B

Field Name: S08_Ethnicity_Children1to4

Row Name: children 1 through 4

Column Name:

Year: 2011

Field Note:

The data are from 2008. 2009 data were not available at the time of the grant submittal. They are expected by be available later in 2010.

31. Section Number: Form21_Indicator 08B

Field Name: S08_Ethnicity_Children5to9

Row Name: children 5 through 9

Column Name:

Year: 2011

Field Note:

The data are from 2008. 2009 data were not available at the time of the grant submittal. They are expected by be available later in 2010.

32. Section Number: Form21_Indicator 08B

Field Name: S08_Ethnicity_Children10to14

Row Name: children 10 through 14

Column Name:

Year: 2011

Field Note:

The data are from 2008. 2009 data were not available at the time of the grant submittal. They are expected by be available later in 2010.

33. Section Number: Form21_Indicator 08B

Field Name: S08_Ethnicity_Children15to19

Row Name: children 15 through 19

Column Name:

Year: 2011

Field Note:

The data are from 2008. 2009 data were not available at the time of the grant submittal. They are expected by be available later in 2010.

34. Section Number: Form21_Indicator 08B

Field Name: S08_Ethnicity_Children20to24

Row Name: children 20 through 24

Column Name:

Year: 2011

Field Note:

The data are from 2008. 2009 data were not available at the time of the grant submittal. They are expected by be available later in 2010.

35. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_Children
Row Name: All children 0 through 19
Column Name:
Year: 2011
Field Note:
Data Source: US Census, July 1, 2009 population estimates. <http://www.census.gov/popest/datasets.html>, State by Age, Sex, Race, and Hispanic Origin, 6 race groups- 5 race alone groups and 1 multiple race group, Reporting Year 2009.
36. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2011
Field Note:
Total % in household headed by single parent from US Census CPS Table Creator (2009).
37. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2011
Field Note:
The numerator is the number of TANF participants averaged over 12 months during FFY 09. The denominator is US Census, July 1, 2009 population estimates.
38. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2011
Field Note:
Data are from MT Medicaid Query Path for 2009.
39. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2011
Field Note:
Data are from MT HMK (CHIP) for 2009.
40. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2011
Field Note:
Data provided by the Montana SNAP program for 2009.
41. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2011
Field Note:
The source is from the MT State WIC Program. Data are for FFY 2009.
42. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2011
Field Note:
Numerator: MT Incident-Based Reporting System. MT Board of Crime Control June 24, 2010. Denominator data are from July 1, 2009 census estimates.
43. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2011
Field Note:
Other and unknown race category includes Black, Asian, Native Hawaiian/Pacific Islander. Data Source MT OPI. Numerator is a dropout count, denominator is enrollment count reported for 2008-2009 school year.
44. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_Children
Row Name: All children 0 through 19
Column Name:
Year: 2011
Field Note:
Data Source: US Census, July 1, 2009 population estimates. <http://www.census.gov/popest/datasets.html>, State by Age, Sex, Race, and Hispanic Origin, 6 race groups- 5 race alone groups and 1 multiple race group, Reporting Year 2009.
45. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2011
Field Note:
Total % in household headed by single parent from US Census CPS Table Creator (2009).
46. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_TANFPercent
Row Name: Percent in TANF (Grant) families

Column Name:**Year:** 2011**Field Note:**

The numerator is the number of TANF participants averaged over 12 months during FFY 09. The denominator is US Census, July 1, 2009 population estimates.

47. Section Number: Form21_Indicator 09B**Field Name:** HSIEthnicity_MedicaidNo**Row Name:** Number enrolled in Medicaid**Column Name:****Year:** 2011**Field Note:**

Data are from MT Medicaid Query Path for 2009.

48. Section Number: Form21_Indicator 09B**Field Name:** HSIEthnicity_SCHIPNo**Row Name:** Number enrolled in SCHIP**Column Name:****Year:** 2011**Field Note:**

Data are from MT HMK (CHIP) for 2009.

49. Section Number: Form21_Indicator 09B**Field Name:** HSIEthnicity_FoodStampNo**Row Name:** Number enrolled in food stamp program**Column Name:****Year:** 2011**Field Note:**

Data provided by the Montana SNAP program for 2009.

50. Section Number: Form21_Indicator 09B**Field Name:** HSIEthnicity_WICNo**Row Name:** Number enrolled in WIC**Column Name:****Year:** 2011**Field Note:**

The source is from the MT State WIC Program. Data are for FFY 2009.

51. Section Number: Form21_Indicator 09B**Field Name:** HSIEthnicity_JuvenileCrimeRate**Row Name:** Rate (per 100,000) of juvenile crime arrests**Column Name:****Year:** 2011**Field Note:**

Numerator: MT Incident-Based Reporting System. MT Board of Crime Control June 24, 2010. Denominator data are from July 1, 2009 census estimates.

52. Section Number: Form21_Indicator 09B**Field Name:** HSIEthnicity_DropOutPercent**Row Name:** Percentage of high school drop-outs (grade 9 through 12)**Column Name:****Year:** 2011**Field Note:**

Other and unknown race category includes Black, Asian, Native Hawaiian/Pacific Islander. Data Source MT OPI. Numerator is a dropout count, denominator is enrollment count reported for 2008-2009 school year.

53. Section Number: Form21_Indicator 10**Field Name:** Metropolitan**Row Name:** Living in metropolitan areas**Column Name:****Year:** 2011**Field Note:**

Metropolitan/ Micropolitan designation are from CEIC. Metro is a subset of Urban, therefore it is also included in the urban population. Urban population= Metro+Micro, Rural is everything else.

54. Section Number: Form21_Indicator 10**Field Name:** Urban**Row Name:** Living in urban areas**Column Name:****Year:** 2011**Field Note:**

Metropolitan/ Micropolitan designation are from CEIC. Metro is a subset of Urban, therefore it is also included in the urban population. Urban population= Metro+Micro, Rural is everything else.

55. Section Number: Form21_Indicator 10**Field Name:** Rural**Row Name:** Living in rural areas**Column Name:****Year:** 2011**Field Note:**

Metropolitan/ Micropolitan designation are from CEIC. Metro is a subset of Urban, therefore it is also included in the urban population. Urban population= Metro+Micro, Rural is everything else.

56. Section Number: Form21_Indicator 10**Field Name:** Frontier**Row Name:** Living in frontier areas**Column Name:****Year:** 2011**Field Note:**

Estimates of children living in frontier areas are not included in the chart because frontier is not a category used by the census and is measured differently than rural/urban. To avoid duplication, it was not included. However, 49 counties in Montana are considered "Frontier" using the definition provided by the National Center for Frontier Communities. The total population of youth 0-19 in those 49 frontier counties is 141,666 (55% of all 0-19 year olds in the state). Likewise, there are 114,643 youth age 0-19 (45% of the total) living in non-frontier counties in the state.

57. Section Number: Form21_Indicator 11**Field Name:** S11_total**Row Name:** Total Population**Column Name:**

Year: 2011

Field Note:

Data Source: US Census CPS Table Creator, Reporting Year 2008 (This is the most recent year)

58. Section Number: Form21_Indicator 11

Field Name: S11_50percent

Row Name: Percent Below: 50% of poverty

Column Name:

Year: 2011

Field Note:

Data Source: US Census CPS Table Creator, Reporting Year 2008 (This is the most recent year)

59. Section Number: Form21_Indicator 11

Field Name: S11_100percent

Row Name: 100% of poverty

Column Name:

Year: 2011

Field Note:

Data Source: US Census CPS Table Creator, Reporting Year 2008 (This is the most recent year)

60. Section Number: Form21_Indicator 11

Field Name: S11_200percent

Row Name: 200% of poverty

Column Name:

Year: 2011

Field Note:

Data Source: US Census CPS Table Creator, Reporting Year 2008 (This is the most recent year)

61. Section Number: Form21_Indicator 12

Field Name: S12_Children

Row Name: Children 0 through 19 years old

Column Name:

Year: 2011

Field Note:

Data Source: US Census CPS Table Creator, Reporting Year 2008 (This is the most recent year)

62. Section Number: Form21_Indicator 12

Field Name: S12_50percent

Row Name: Percent Below: 50% of poverty

Column Name:

Year: 2011

Field Note:

Data Source: US Census CPS Table Creator, Reporting Year 2008 (This is the most recent year)

63. Section Number: Form21_Indicator 12

Field Name: S12_100percent

Row Name: 100% of poverty

Column Name:

Year: 2011

Field Note:

Data Source: US Census CPS Table Creator, Reporting Year 2008 (This is the most recent year)

64. Section Number: Form21_Indicator 12

Field Name: S12_200percent

Row Name: 200% of poverty

Column Name:

Year: 2011

Field Note:

Data Source: US Census CPS Table Creator, Reporting Year 2008 (This is the most recent year)

65. Section Number: Form21_Indicator 09A

Field Name: HSIRace_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2011

Field Note:

Data provided by the Child and Family Services Division of MT DPHHS for 2009.

66. Section Number: Form21_Indicator 09B

Field Name: HSIethnicity_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2011

Field Note:

Data source is the Child and Family Services Division of MT DPHHS for 2009.

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: MT

Form Level Notes for Form 11

None

STATE PERFORMANCE MEASURE # 1 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

The percent of children with cleft lip and/or palate receiving care in interdisciplinary clinics.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Indicator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Numerator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Denominator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Data Source	<input type="text"/>				
Is the Data Provisional or Final?	<input type="text"/>				

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Indicator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Numerator	While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.				
Denominator					

Field Level Notes

None

STATE PERFORMANCE MEASURE # 2 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

The percent of Medicaid clients 0 through 6 years of age who have had a dental screening during the year.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Indicator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Numerator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Denominator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Data Source	<input type="text"/>				
Is the Data Provisional or Final?	<input type="text"/>				

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Indicator	<input type="text"/>				
Numerator	<input type="text"/>				
Denominator	<input type="text"/>				

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 3 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

(Developmental) The number or percent of Medicaid clients who have an identified risk factor during a previous live birth and receive follow-up by primary care or public health providers.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source	_____	_____	_____	_____	_____
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.				
Denominator					

Field Level Notes

None

STATE PERFORMANCE MEASURE # 4 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

The rate of death to children 0 through 17 years of age caused by unintentional injuries.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator	While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.				
Denominator					

Field Level Notes

None

STATE PERFORMANCE MEASURE # 5 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

The percent of women who smoke during pregnancy

	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 6 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

The percent of children 19-35 months of age who have received the 4th immunization in the diphtheria, tetanus, and pertussis (DTaP) series.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 7 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

The percent of children 19-35 months of age who have received an immunization against varicella.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator	While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.				
Denominator					

Field Level Notes

None

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: MT

Form Level Notes for Form 12

The data are from 2008. 2009 data were not available at the time of grant submittal.

STATE OUTCOME MEASURE # 1 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Native American Infant Mortality Rate

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	7	6.7	6.5	6.2	9.1
Annual Indicator	7.5	9.2	9.6	9.5	9.5
Numerator	11	14	15	15	15
Denominator	1,466	1,530	1,558	1,571	1,571
Data Source				MT Office of Vital Statistics	MT Office of Vital Statistics
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	9.1	9	9	8.9	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form12_State Outcome Measure 1

Field Name: SO1

Row Name:

Column Name:

Year: 2009

Field Note:

The data are from 2008. 2009 data were not available at the time of grant submittal.

- Section Number:** Form12_State Outcome Measure 1

Field Name: SO1

Row Name:

Column Name:

Year: 2008

Field Note:

The data include deaths to MT resident infants reported to the Office of Vital Statistics. As of the 2006 data, this measure is reported as a 3-year moving average. Due to changes in the way race is collected on the new birth record format (implemented in 2008) the 2008 data may not be consistent with previous years.

- Section Number:** Form12_State Outcome Measure 1

Field Name: SO1

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data are still marked as provisional due to a review of the way birth and death records have been reported by race. As of the 2006 data, this measure is reported as a 3-year rolling average.

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: MT

SP(New for Needs Assessment cycle 2011-2015) # 1

PERFORMANCE MEASURE:

The percent of children with cleft lip and/or palate receiving care in interdisciplinary clinics.

STATUS:

Active

GOAL

To sustain and increase the number Montana children who are identified with cleft who receive available in-state services.

DEFINITION

Children identified with cleft who reside in Montana should be referred to and, if appropriate, receive care through the interdisciplinary cleft/craniofacial clinics held throughout the state. The clinics offer a variety of service providers at one location to children and their families.

Numerator:

Children identified with a cleft lip and/or palate through birth records and the Child Health Referral Information System (CHRIS) who are residing in Montana and seen in a interdisciplinary cleft clinic.

Denominator:

Children identified with a cleft lip and/or palate through birth records and the Child Health Referral Information System (CHRIS) who are residing in Montana.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Birth records and Child Health Referral Information System (CHRIS) data

SIGNIFICANCE

Children with cleft should ideally be identified and referred to services as early as possible to facilitate feeding, speech, and other development. The Montana Cleft/Craniofacial Team provides interdisciplinary team care starting at birth to assist families with these or other questions, making early identification an essential element of successful outcomes. Team care begins shortly after birth and continues until the physical growth of an individual has been completed - around 21 years of age. Clinics are held in varying locations around the state at regular intervals allowing children and families fuller access to team care. Prospective parents with a pre-natal diagnosis of a cleft/craniofacial condition are encouraged to attend a clinic prior to the birth their child. Some children identified with cleft may receive services outside of the state, move out of state prior to receiving services at a interdisciplinary clinic, not survive long enough to attend a clinic, or may not use interdisciplinary services, regardless of referrals. To the extent possible, follow-up is provided with children not seen in clinics to ensure that they are receiving services if needed.

PERFORMANCE MEASURE:	The percent of Medicaid clients 0 through 6 years of age who have had a dental screening during the year.
STATUS:	Active
GOAL	To increase the percent of Medicaid clients 0 through 6 years of age who receive a dental screening.
DEFINITION	<p>Medicaid clients age 0 through 6 years who received a dental screening.</p> <p>Numerator: Number of Medicaid clients ages 0 through 6 years of age who received a dental screening during the year.</p> <p>Denominator: Number of Medicaid clients ages 0 through 6 years of age during the year.</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>21-2b</p> <p>Reduce the proportion of children with untreated dental decay in primary and permanent teeth to 21%.</p>
DATA SOURCES AND DATA ISSUES	Medicaid data
SIGNIFICANCE	A dental screening is a first step in identifying dental issues and providing appropriate follow-up, treatment, and preventive care. Establishing good oral health habits at young ages, and ensuring that any issues that could lead to chronic conditions are identified early or prevented before they occur can result in healthier children.

PERFORMANCE MEASURE:

(Developmental) The number or percent of Medicaid clients who have an identified risk factor during a previous live birth and receive follow-up by primary care or public health providers.

STATUS:

Active

GOAL

To increase the proportion of women with certain identified risk factors - gestational diabetes, preterm birth, and preconception obesity - who receive follow-up prior to a subsequent pregnancy.

DEFINITION

Medicaid clients who experienced an identified risk factor (gestational diabetes, preterm birth, preconception obesity) related to a previous live birth who receive follow-up care from a primary care or public health provider prior to a subsequent pregnancy.

Numerator:

Medicaid clients who experienced gestational diabetes, preterm birth, or preconception obesity related to an earlier birth who subsequently receive follow-up from a primary care or public health provider.

Denominator:

Medicaid clients identified as having gestational diabetes, preterm birth, or preconception obesity.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Medicaid data, birth records, and a to-be-determined data source tracking follow-up with women with identified risk factors.

SIGNIFICANCE

Intervention with women with identified risks could improve pregnancy outcomes. Intervention during preconception or interconception period could relate to other elements of interest to the maternal and child health (MCH) population – prenatal care, smoking, previous preterm birth, obesity, etc.

PERFORMANCE MEASURE:	The rate of death to children 0 through 17 years of age caused by unintentional injuries.
STATUS:	Active
GOAL	To decrease the number and rate of deaths to children due to unintentional injuries.
DEFINITION	<p>Unintentional injury deaths among children 0 through 17.</p> <p>Numerator: Number of deaths to Montana resident children 0 through 17 years of age due to unintentional injuries during the year.</p> <p>Denominator: Population estimate of number of children 0 through 17 years of age in the state during the year.</p> <p>Units: 100000 Text: Rate</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>15-3</p> <p>Reduce deaths caused by unintentional injuries to 17.5 per 100,000 population</p>
DATA SOURCES AND DATA ISSUES	Death records, Montana Office of Vital Statistics and U.S. Census Bureau Annual Population Estimates
SIGNIFICANCE	Unintentional injuries are a leading cause of death for Montana children.

PERFORMANCE MEASURE:	The percent of women who smoke during pregnancy
STATUS:	Active
GOAL	To reduce the number and percent of women who smoke during pregnancy.
DEFINITION	<p>Smoking during pregnancy.</p> <p>Numerator: The number of infants whose mothers report smoking during pregnancy during the calendar year.</p> <p>Denominator: The number of live births during the calendar year.</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>16-17 Increase percent of pregnant women who abstain from alcohol, cigarettes, and illicit drugs to 99%.</p> <p>27-6 Increase smoking cessation during pregnancy to 30%.</p>
DATA SOURCES AND DATA ISSUES	Birth records, Montana Office of Vital Statistics
SIGNIFICANCE	<p>The prevalence of smoking during pregnancy in Montana has not declined over the past decade. In both 1999 and 2007, 17% of women reported smoking during pregnancy. Smoking before, during, and after pregnancy can result in health consequences for the woman and infant. Smoking can affect a woman's fertility, and infants born to moms who smoke have an increased risk of premature birth, low birth weight, and Sudden Infant Death Syndrome (SIDS). (Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. Division of Reproductive Health. Tobacco Use and Pregnancy: Home. Available at: http://www.cdc.gov/reproductivehealth/tobaccoUsePregnancy/index.htm. Accessed February 11, 2010.)</p>

PERFORMANCE MEASURE:	The percent of children 19-35 months of age who have received the 4th immunization in the diphtheria, tetanus, and pertussis (DTaP) series.
STATUS:	Active
GOAL	To increase the percent of Montana children who complete the DTaP immunization series in a timely manner.
DEFINITION	<p>Increase immunization rates for 4th DTaP shot.</p> <p>Numerator: Percent-using NIS data for state.</p> <p>Denominator: Percent-using NIS data for state.</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>14-24a</p> <p>Increase the proportion of children 19 to 35 months of age who receive the recommended vaccines 4:3:1:3:3 (4DTaP, 3 polio, 1 MMR, 3 Hib, 3 hep B) to 80%.</p>
DATA SOURCES AND DATA ISSUES	National Immunization Survey
SIGNIFICANCE	<p>Since before 2000, the immunization coverage rate for all 4 DTaP doses has consistently been the lowest among all the vaccinations in the 4:3:1:3:3 series for Montana children 19-35 months of age. The DTaP coverage rate has declined in recent years and is particularly low for the 4th dose. In 2008, the percent of Montana children 19-35 months who had received three of the 4 DTaP doses was 92.3 (± 4.1), whereas only 74.4% (± 6.2) had received all four doses.</p>

PERFORMANCE MEASURE:	The percent of children 19-35 months of age who have received an immunization against varicella.
STATUS:	Active
GOAL	To increase the proportion of children immunized against varicella.
DEFINITION	<p>To increase the proportion of children immunized against varicella.</p> <p>Numerator: Percent-using NIS data for the state</p> <p>Denominator: Percent-using NIS data for the state</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	National Immunization Survey
SIGNIFICANCE	Montana has one of the lowest rates of varicella coverage in the US and the rate does not appear to be increasing in recent years.

OUTCOME MEASURE:	Native American Infant Mortality Rate
STATUS:	Active
GOAL	The Native American infant mortality rate will be no higher than the White infant mortality rate
DEFINITION	<p>Numerator: Number of Native American infant deaths.</p> <p>Denominator: Number of Native American births.</p> <p>Units: 1000 Text: Rate</p>
HEALTHY PEOPLE 2010 OBJECTIVE	16-1c Reduce incidence of infant deaths
DATA SOURCES AND DATA ISSUES	Vital records collected by state.
SIGNIFICANCE	All countries of the world measure the infant mortality rate as an indicator of general health status. The U.S. has made progress in reducing this rate, but the rate of decline has slowed. In Montana, as in the nation as a whole, there continues to be significant racial disparity.

